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The American Journal OF Clinical Medicine

(THE ALKALOIDAL CLINIC)

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VOL. 13 MARCH, 1906 NO. 3

The Pneumonia Question

This issue is practically a special on "pneumonia," in regard to the possibility of the helpful treatment of which the profession, as a whole, is divided into two great classes: (1) The "Nihilistic," which believes in no treatment and wont investigate any, and, (2) the "Therapeutic" which, through trial of definite means, know, having proven for themselves.

THE FIRST, or post-mortem class, is supported by the technical theorist, who, without practical experience, spends his surplus time in avowing that nothing can be done to helpfully modify the course of pneumonia--or anything else.

THE SECOND is ably backed by thousands of earnest, experienced general practicians, who DO helpfully modify pneumonia, as well as all other acute affections--men whose names may not get into "the papers," but who do the bulk of medical practice.

If you, my reader, belong to the second class, God bless you! Keep it up! Let your light shine! If you belong to the first, for the love of humanity set your theories temporarily aside and give your heart to one good honest try!

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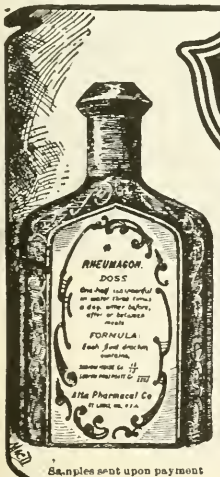

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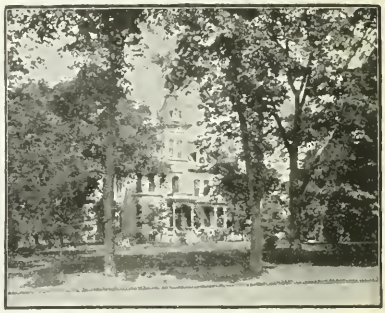

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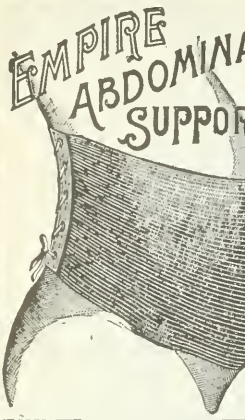

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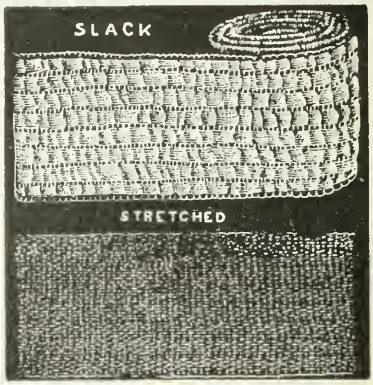

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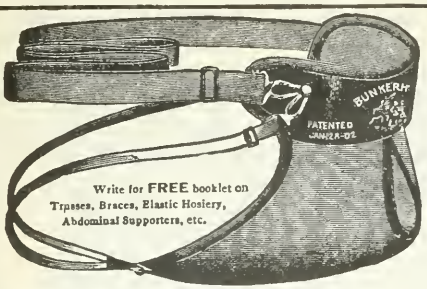

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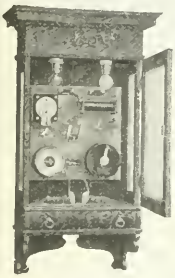

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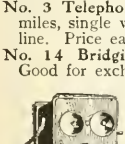

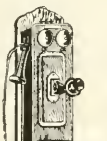

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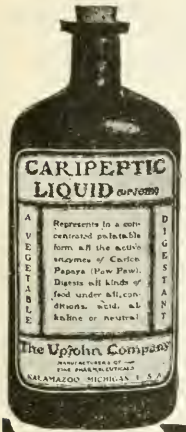
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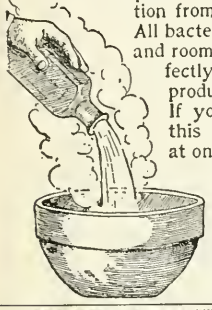

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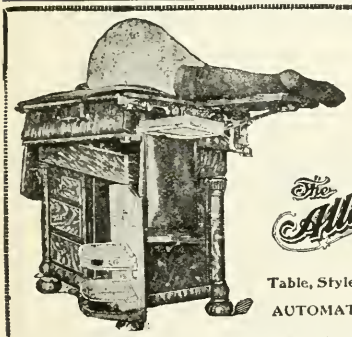

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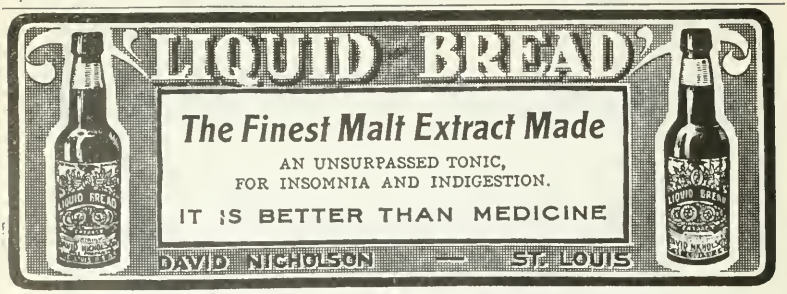
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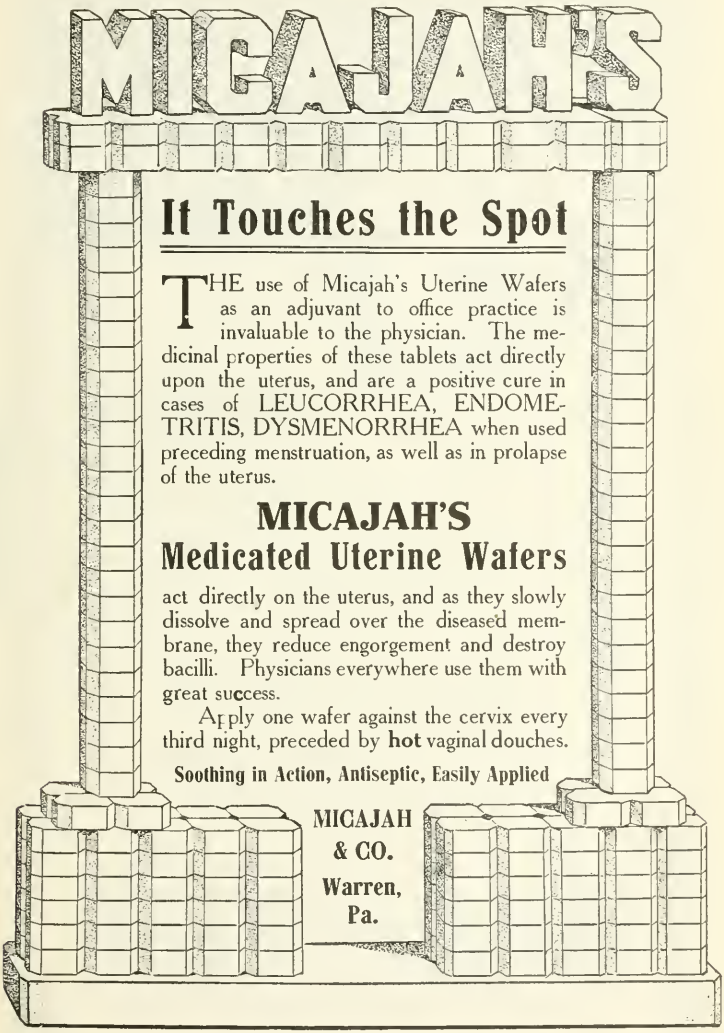
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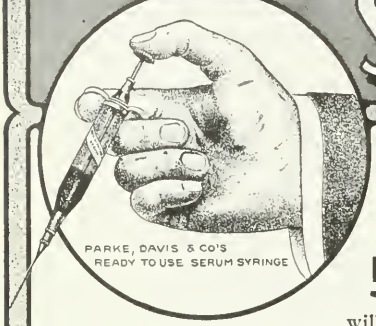

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The AMERICAN JOURNAL of CLINICAL MEDICINE
(THE ALKALOIDAL CLINIC)
Vol. 13. MARCH, 1906 No. 3.

EMPIRICISM: GUESSWORK OR FACT.

A VALUED correspondent recently made the remark that the applications of the alkaloids as well as the galenics were empiric. Is this true? To reply to this question we must ask what meaning we apply to the word empiric.

Never mind the dictionaries. The question is not so much with them as with the meaning carried to people in general by the word. The term empiric is always used in a bad sense. Applied to a physician, the idea universally attached to it is that of a quack, a charlatan, a pretender.

Applied to medical practice more particularly, and in accordance with the lexicons, it signifies a practice whose only basis is clinical observation, not reinforced by investigation of the pathology of the disease or the physiologic action of the remedy. It may be plainly expressed by the remark that the empiric seeks "something good for measles," without troubling himself to inquire what there was in the measles to make the medicine useful, what action the medicine exerted to make it useful, or in fact, whether real benefit was exerted by the medicine or whether the recovery was a sequence or a consequence.

In this sense the old practice of medicine has been frankly empiric, with few exceptions. But it is just here that we draw the line between this and active-principle medication. Concerning the physiologic effects of the active principles we have the most positive and complete knowledge that can be supplied in the present state of the science of physiology.

The greatest names in modern therapeutics are those of the men who have, by physiologic experiment, demonstrated the effects exerted upon the human body and its functions by the active principles. We have repeatedly called attention to the fact that these men were driven to the use of the alkaloids because it was impossible to draw certain conclusions from the action of remedies uncertain and variable in composition and effect.

It follows, therefore, that when we administer an alkaloid or other active principle, we do so because we wish an effect which we know will follow the administration of this agent. We have already recognized in the patient a condition which requires this effect to restore normal conditions. How can anyone say that this is empiricism? If it be not scientific medication there is not and cannot be such a thing.

Not but that men can use alkaloids

empirically if they choose; this is exactly what we are fighting against. There is no reason why they should do so. We have spent many years and enormous sums in the work of collecting and putting in proper shape the results of investigations of the alkaloids, scattered through many publications in many languages, and these ideas will be found offered in concrete book form in the ad pages of this issue. We have made it possible for every physician to ascertain, with the smallest possible expenditure of money, time and trouble, the exact physiologic action of every active principle used as a medicine. We have made it possible for the practician to apply intelligently and scientifically these agents in the treatment of disease, and have laid before him in copious detail the enormous advantages resulting therefrom.

But, in truth, "you may lead a horse to the water but you cannot make him drink." If in spite of this men persist in using these agents empirically, the fault lies with them and not with us. Old habits are hard to unlearn. Eyes accustomed to the dimness of twilight blink in the glare of the broad sunlight. The back becomes so fitted to the burden that it is actually missed when once rolled off. A woman from whose breast the writer removed a huge tumor, told him afterwards that she missed it so much that she could hardly go to sleep. How then can we expect all to lay aside the vicious, empiric habits which the years have ingrained into their nature, and to recognize and put in practice these new and better things?

We don't expect it. We must be satisfied that so many are really doing this; that a constantly-increasing proportion of the younger men, and of those who although old in years are still receptive, still capable of receiving and assimilating new ideas, are accepting the active principles and putting into practice the therapeutic methods they alone render possible.

PNEUMONIA AGAIN: MARSHALL FIELD.

Our reasons for predicting a fatal termination of the Field case when first announced were: The insidious attack—first a slight cold, the pneumonia of a single lobe, too early relief, with sinking spells at an early stage. The attack seemed to have been contracted while traveling, and travelers' pneumonias are notoriously dangerous. Again the attendance of several physicians, with the bulletins demanded by the press point to a condition which is almost inevitably fatal. One pilot may carry a vessel safely through the most devious channel, while several with conflicting opinions will too often wreck it. The issuance of bulletins, with over-anxiety, is an almost certain prognostic of evil in all dicable cases. The consciousness that the eyes of the world are on a physician is a strain that is a great hindrance to that concentration of all his faculties on his case that gives the best results.

Don't wilfully misunderstand or misrepresent us—we are far from claiming that all pneumonias recover in our hands or that this or any other particular case would have done so— it's an awful handicap on one to have a Mar-

Many text-books become obsolete in some parts—hence are unreliable—within ten years. Most teachers are obsolete by that time.

The text-book can never more compete with the up-to-date journal; too expensive for the rapid obsolescence of today.

shall Field's life dependent on one's judgment; with all the world we mourn his loss, and have the deepest sympathy for those of the profession and his dearest friends who did their best.

A distinguished eastern editor, recently proffered a paper on this topic, exclaimed: "If you say its curable you are falsifying and I'll turn it and you down"—simply refused to print any paper that claimed that pneumonia could ever be successfully treated.

Admirable way to encourage the discovery of life-saving truths! No wonder they say the American medical profession is a unit in favor of the pessimistic, do-nothing, let-'em-die theory, when they will not allow any one free speech who opposes it. And yet may it not be possible that a more prompt and exact method than that usually employed by those who proclaim pneumonia an incurable disease, might produce better results?

Though some top branches of American therapeutics may be dead it's alive at the roots—is sprouting.

"SUPERSTITIONS IN MEDICINE."

In the *Journal of the A. M. A.* for January 6 is a characteristic editorial entitled: "Superstitions in Medicine."

Under this title the writer launches a diatribe against people who do not orient their beliefs by his own. Anything *he* does not happen to know or to believe is a "superstition." This word he derives from the Latin *superstes,* a survival—and we cheerfully accept this etymology and place the writer of that editorial among the class.

Among other things he attempts to demolish the intestinal antisepsis "superstition." Typhoid fever, he says, is a generalized infection, not necessarily localized in the bowels; despite of this people will persist in attributing beneficial powers to intestinal antisepsis in this disease.

Sad! isn't it? Besides, bacteria are cells; so is the body made up of cells; the former have learned to live alone and are hardy, the latter cling in colonies and are much less vital; anything that would kill bacteria would do much worse things to the body cells. The one exception is malaria; in no other disease do we have anything that will kill the foreigners and spare the native born.

If quite sure the cyclone is past we will crawl out.

Going to the cardinal principles of bacteriology, we will ask the writer if the number and virulence of an invading swarm of bacteria has no influence in determining an attack and its gravity? So many pathogenic organisms are constantly found in the mouth, the sputum, the intestines, that we are forced to conclude that they only effect a lodgment when they are able to overcome the resistant powers of the organism. Hence the belief that reducing the number of these invaders and cutting off reinforcements from the bowel is a legitimate means of lessening the likelihood of an invasion of the body and an outbreak of the disease they cause, and also a means of reducing its vehemence if not altogether preventing it. Otherwise, why does not our friend go a step further and condemn the observance of hygienic precautions in the patient's environment, since this can not affect the bacteria in

By vasodilation caffeine produces marked depression of the arterial tension, raising it in diseased arteries.—Mirano.

Caffeine reinforces and regulates the heart; acting rapidly and quickly eliminated.—Mirano, quoted in *N. Y. M. J.*

the patient's body? If you admit the utility of removing putrescible material from in and about the patient's home, why neglect the most dangerous variety of such material known, actually within the patient's body?

But do not overlook the remarkable discovery made by our friend—that bacteria were formerly members of a composite body and have "learned" to live independently. As this is entirely new we look with interest for the forthcoming proofs. When and where did bacteria form parts integral of an organic whole, animal or plant? Describe the steps leading to this wonderful discovery, please. Or is this the notion that independent cells are superior in vitality to the members of a composite polycellular being a mere assumption? We have heard somewhere that there is strength in union, but we presume it is a mistake. We also fail to catch the train of reasoning that argues that the discovery of one instance where remedies destroy the intruding organisms, without injuring the body cells entirely precludes the possibility of there being another such instance in Nature. Kindly show us the why. To our superstitious intellects it seems that one such instance renders it probably that others exist.

The whole argument is *extra vires.* One would think men would tire of committing the same old faults so many have committed before them. We certainly get tired of pointing them out. The argument is between the man who says a thing can not be, and the men who try it and show that it is. The use of intestinal antiseptics is not based on any action they are supposed to exert against the typhoid or any other bacteria, but upon the effects that follow their proper administration in typhoid fever and in other maladies. Flush the alimentary canal and disinfect it with a sufficiency of the sulphocarbolates, and we find that the fever has fallen, the diarrhea, tympanites, aching, delirium, restlessness, anorexia, nervousness and other evidences of toxemia have moderated or ceased; the whole case presenting about one-third less gravity than it did previously. Repeat this experience with every form of fever occurring during a quarter-century of active practice; repeat it at the hands of thousands of other practicians; and then try to tell us it can not be—because a few bacteria have escaped into the blood before the therapeutic salt touched their tails!

Suit yourselves, gentlemen; if the results obtained from the administration of the sulphocarbolates in fevers can not be explained by your theories of bacteriology, so much the worse for your theories of bacteriology. But we readily admit that probably your theories will bear revising, and that your knowledge of the biology of these microörganisms may possibly bear enlarging. Meanwhile we will go on with our germicides, so-called, quite contentedly until you catch up with the explanation of their remedial action.

From many similar letters in our files we select one as a sample: "Nearly twenty years ago I saw and adopted your ideas on antisepsis, especially in regard to the sulphocarbolates; and from that time to the present I have had occasion to rejoice in the abridgment of my typhoid fever cases."

Iron salicylate is a powerful febrifuge, not sudorific, locally active in erysipelas and tonsillitis.—Gray, *N. Y. M. J.*

Gray recommends iron salicylate in pneumonia, puerperal sepsis, and other inflammatory conditions.—*Edin. M. J., N. Y. M. J.*

The other "superstitions" denounced are also defendable; but we leave them to other hands.

Who is the writer? When the *Journal of the A. M. A.* publishes such statements in its leading editorial it presumes to speak for the whole Association, and through it for the entire body of American physicians. Few questions in medicine are so completely settled and agreed upon as to warrant this positiveness. Let every tub stand on its own bottom; let the man who pens such an editorial sign his name to it. If he is a "big fellow" we will not hesitate to oppose him; if some callow fledgling, so much the more reason he should not be permitted to speak such nonsense in the name of the medical profession of America.

Trot him out where we can see him.

THE "ELDERLY" PATIENT.

Pause for a moment and consider the case of your elderly patients. They are well worth considering, for usually they have arrived at a period of fair pecuniary independence and are better able to pay for attention than the man who is still in the thick of the conflict and needs every dollar he can get together to carry him through; besides, as age approaches, men think more of their health, pay more attention to the means of preserving it, better appreciating what is done for them by the physician. Altogether, it is well worth your while to give this class your best thought.

Through hard knocks we learn to spend our forces more judiciously, to make our efforts count for more, to use our wits to protect our hides. We rely on brainwork rather than muscular endeavor, and our muscular activity lessens; our needs of nutrition remain or increase, but our powers of digestion ebb away; we grow plethoric from unused nitrogenous supply, as we unconsciously select more easily digested and assimilated foods; and obese from the freer use of water to flush the emunctories, since otherwise the large intake of nitrogen makes us uncomfortable. Then, too, we haven't time for exercise.

But the battle of life is by no means over and won; in fact, we are confronted with active and well-equipped young antagonists who demand from us every ounce of capacity we possess to enable us to hold our own. We must still make our brains guard our heads, and the necessity arises for us to keep ourselves in the best possible trim for the conflict. Here we have an advantage over our more agile youthful opponents. We know and will do this; he has not yet realized its meaning. The law of compensation is universal.

Most physicians realize the benefits of a moderate dose of saline laxative on rising; it clears out the bowels, stops the formation and absorption of intestinal toxins, starts osmosis in the right direction, and leaves the whole digestive system in good order for its duties. But for men over forty who have as yet too many unfinished tasks to be ready for Oslerism, the saline is better combined with colchicine which exactly supplies the indication of plethora, and with lithium which neutralizes the superfluous acid formation. For the man who simply can not live physiologically, who can not quit and go fishing when the market is crazy, and whose duties to others out-

Digitalis useless or harmful when there is cardiac failure with diffuse dropsy; Nauheim baths for failing compensation.—*Crawford.*

No worse mistake than surgic drainage of stomach in neurasthenia and stasis from general causes.—Billings, *N. Y. M. J.*

weigh those he owes to himself, this is one of the most generally useful and applicable suggestions we can make. It is far and away ahead of the use of "tonics," the pick-me-ups that pave the way to alcohol, opium and cocaine. The harm done by this class of remedies goes far to excuse the indiscriminate condemnation of drugs that has been so prevalent during the past quarter century. How many men have become drug habitues or drunkards, how many more have thus exhausted the vital reserves that might otherwise have been utilized to restore enjoyable health, and prolong the period of useful life, through these misplaced potencies.

Nowadays we know that no real increase of vital force results from anything in medicine save through the restoration of physiologic equilibrium; be it by affording a needed food, the stimulation of a depressed function, or the removal of a cause of such depression, toxin or otherwise. The springs of vitality arise within the body, not outside its walls.

The use of the saline combination meets one of the indications effectively. Intestinal antisepsis does likewise—meeting another whose presence is recognized the more frequently, the oftener it is looked for. It is not enough in these cases to empty the bowel; the cesspool must be disinfected or the incoming matters will be infected in their turn. The most generally applicable agents have proved to be the sulphocarbolates—innocuous and effective — cheap — and American! "Give enough to remove fetor from the stools" is the easy direction for their use.

We don't like set formulas — ready-made medicine suits — never did —but there is one combination that fits so many cases that we may regard it as a standard to be employed when not obviously unsuitable—this is the arsenates of iron, quinine and strychnine, with nuclein to make the tonic-blood foods "stick." This is a powerful combination of reconstructives, frequently applicable, and remarkably tolerated by the weak digestive apparatuses of these patients. It is rather *too* effective, since the patient is apt to conclude it is all he needs and the rest of the doctor's instructions may be disregarded. But the kind of doctor we are talking to doesn't let his patient run things in this manner but does his own work and "bosses his own jobs."

ANOTHER EXAMPLE: ONE OF THOUSANDS.

Prof. W. E. Dixon and G. S. Haynes read a paper on Nov. 28 before the Therapeutical Society on the Bio-Chemical Standardization of members of the Digitalis Group of Drugs (*London Lancet*, Dec. 16, 1905, p. 1792). During their investigation they analyzed many tinctures which they purchased from drugstores and found that they differed materially in strength. One tincture of digitalis was only about one-third as strong as the standard tincture, some tinctures of squill were only half the strength, while one tincture of strophanthus was only one-tenth the strength of the standard tincture. Now just imagine a patient with a failing heart, in desperate need of a cardiac tonic, being dosed with a practically inert tincture—

Stefano says potash salts stimulate the heart and excel soda because the former penetrate to the protoplasm.—*Critic and Guide.*

Duprez successfully treated valvular heart disease with enlarged liver and ascites with apocynum.—*Critic and Guide.*

and condemned to death for the want of a reliable, dependable preparation. How many deaths annually are due directly to the use of worthless, inefficient or only slightly active galenicals? And isn't it about time the entire profession woke up to the absurdity and the danger of the situation? It seems so strange not to be able to make people see things which are so crystal-clear to us. But patience! The time is not far distant when to use a galenical preparation of a drug which possesses an isolatable active principle, will be considered a foolish practice—perhaps a barbarous malpractice.

BROADEN YOUR FIELD.

When a man has anything to say to his fellowmen, when he feels that he has a message that is worth delivering to them, it is the part of wisdom to consider how he may best reach the best audience. Many men are so engrossed by their own ideas as they take shape in their own minds that they fail to give any consideration to the question of how they may impress other minds.

Every journal has its own circle of readers, a certain proportion of whom read no other journal of that class. If we take one journal of this class and confine our contribution to its pages, we run the risk of tiring its readers. On the other hand, if we scatter our work among a number of journals, we meet in each a new audience.

The huge CLINIC family has pretty well learned the rudiments of active-principle therapeutics—a good many of them are past masters in its applications. To many of them, papers on these topics are like going back to the multiplication table. New applications of these remedies and investigations of new active principles are therefore the most appropriate material for the pages of this journal.

Outside the CLINIC family are many thousands of physicians who can only be reached through other journals. We have every reason to believe that these as a rule will welcome articles of practical utility along alkaloidal lines—in fact a perusal of these journals leaves us with the conviction that such articles must be exceedingly welcome as replacing the second-hand material and stale abstracts, scissored from exchanges, that occupy many of their pages. It would be singular indeed if an editor did not prefer good original matter of his own.

We therefore make this suggestion to our readers, that they do what they can to spread a knowledge of scientific therapeutics, and to aid in the revival of faith in treatment by the advocacy of treatment in which a rational man can have faith, by presenting to their societies and by contributing to all the journals within their reach live papers giving the results of their investigations. In this way we broaden our field of usefulness and contribute our aid to furthering that therapeutic revival which is absolutely necessary to combat the onslaughts of quackery, bring back the public to faith in the regular medical profession, and put the dollars in their pockets that should be there.

Every movement designed to uplift the honor, the reputation and the character of the medical profession, does these things for every member of it. We must not imagine that our voice is too

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Turck relieves intestinal atony by introducing rubber bags in the rectum alternately inflating and relaxing them.—*Med. Record.*

Morse palliates piles by diet, hygiene, salines, $HgCl_2$ and local astringents and analgesics.—*Medicine.*

weak, our influence too trifling, to make it worth while. Every one of us contributes his share. If no one does anything, nothing is done, and we stand still or retrograde. If each one of us does his share the force of a united profession is irresistible. Neither you nor we can induce everyone in the profession to do his duty, but if you and we each do our share, we have not only accomplished our own duty, but we have given a powerful incentive to others to do theirs.

Take this or any other number of the journal, mark every passage which offers an idea that you can put in practice, and from your own experience judge of its value. Make careful observations, and record them; and you have here the material for an article any society will enjoy and no sensible editor could refuse. You will increase your own qualifications as a physician by so doing, and will earn reputation among your fellow physicians in proportion to the value of your work and the pains you have taken with it.

It is well worth your while.

ARE MEDICAL STUDENTS TOUGH CITIZENS?

A prominent clergyman, writing for a "religious paper," says that the majority of physicians are "infidels," and as to medical students, "a more ribald, obscene, and godless set of young men is not to be found."

We would object to such sweeping statements, that the reverend gentleman cannot possibly know all medical students personally, and hence has no right to speak for any others than he personally knows. But suppose he is right—where is the fault?

Some years ago the writer was the executive officer of a medical college, and came into close personal relations with the students. He became impressed with the fact that these youths, many of them, came to the city for the first time, away from their sheltered homes, and were now first exposed to the trials and temptations that beset youth.

Man is gregarious; he seeks female society as naturally as he seeks food and shelter from the cold. Strangers in the great city, the society of pure women was debarred them; with the other sort it was easy to form acquaintance. What could anyone who knows men expect?

Impressed with these facts, and feeling that nothing so well replaces the broken family ties as a church connection, we wrote to each of the pastors of the churches within easy reach of the college, laying the matter before them.

Just two out of a dozen replied to the communication. One deputed a subordinate member of the college faculty who was a member of his church to form a Bible class exclusively of these students, meeting in a separate room and carefully excluded from the possibility of forming the acquaintance of anyone connected with the church. The other wrote throwing open the church to all the students and inviting them to a weekly social meeting held for the purpose of enabling the young people to become acquainted in the proper manner, under the eyes of their parents and the church officials. The only objection to this was that we felt delicate about urging students belonging to other religious denom-

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Robinson, praising coca as a heart tonic, says the great difficulty is getting a preparation of real value.—*A. J. Med. Science.*

Offergeld finds thiosinamin useless in gynecic cases to soften adhesions or reduce infiltrations.—*Critic and Guide.*

inations to attend—but this was a trifle compared to the benefits secured.

In times of old there was a small percentage of medical students who might have deserved this condemnation; but even then it would have been grossly unjust to apply it as sweepingly as the reverend gentleman has done. At present, with the high standard exacted of the candidate for the degree, and the State Boards looming ominously behind it, the student has his time too fully occupied to permit of the old pranks—which were mostly simple ebullitions of youth freed from parental control for the first time and rarely more culpable. We must add that as a result of a quarter century of teaching medical students, if they in any degree deserve the condemnation so liberally bestowed by the reverend, they managed most successfully to keep their delinquencies out of our sight.

The modern medical student is a gentleman; a scientific scholar; and compares favorably with young men in any other walk of life. But as to the theological student—we heard Chicago's greatest preacher say none but the "hayseeds" entered the divinity schools nowadays!

Now, *will* you be good?

ALKALOIDS VS. ALCOHOL.

In the golden days when the writer was a young physician struggling to get into practice, when a patient was rare and to be sedulously cultivated, a delicate, wealthy, lady came to him—an altogether desirable case who must be pleased. She needed a little tonic, to the choice of which he gave great consideration. This was not a case for that old standby, Huxham's tincture, for already he had won some repute as the prescriber of horrible doses. So after much weighing of probabilities he chose with trepidation some one of the elixirs— possibly ferrated elixir of cinchona. Next visit he anxiously inquired how she liked the medicine. "Like it? why it is simply delicious!" Even in his callow inexperience the doctor took alarm at the tone and withdrew the perilously agreeable mixture and substituted pills.

A similar case—the lady was toned up with these two agreeable medicines, until the writer was called upon to have her sent to a place of detention to ward off an impending attack of delirium tremens.

How many drunkards have acquired their first taste for alcohol from these seductive wines and bitters under the guise of a medicine? What more are they at best than the ancient sherry-and-bitters, the precibal appetizer of society?

It does not require more than a taste for some persons to arouse the slumbering demon of drink There was a great baseball player once, who stood near the top of his profession. He had never tasted alcohol, until one day by mere accident he did—and a new world opened to him. He went the limit, lost his place, and only after years of such a conflict as Christian waged with Apollyon did he overcome the frantic thirst and regain his place. This is not an isolated case. There are many to whom the taste of wine in the pudding sauce,—why not the alcohol in a tincture?—will arouse an unsuspected craving handed down from some forgotten ancestor.

Rarely do we know enough of our patients' heredity to predict such developments—in the vast majority of cases

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Angina Pectoris: In advanced arterial disease amyl does little good, but often harm; only morphine relieves here.—Oliver, *Lancet.*

Amenorrhea: Goodell's four chlorides were mercury, arsenic, iron and hydrochloric acid; for depressed cases.—*Critic and Guide.*

the outbreak is a surprise to us. They occur, however, with sufficient frequency to warrant us in the claim that the following rule should be observed. No physician should in any case prescribe any medicine containing alcohol unless he *knows* that the patient has not such a craving. This means that the use of alcoholic preparations should be limited to known exceptions, and that the rule for medication should be the use of non-alcoholics.

This most desirable rule is established best by making it a custom to prescribe and dispense granules and tablets instead of tinctures and other fluids. If the use of these becomes habitual the danger is avoided; the exceptions can be watched. If the use of alcoholics be habitual one can not possibly recollect the duty of watching for these cases, or even take the time to do so and to suit some other unfamiliar preparations to their maladies. It is wise to practise habits that are safe; unpleasant surprises will less frequently occur.

We are saying nothing as to the use of alcohol when the physician in charge honestly believes it to be indicated. He is the judge, and his the responsibility. We refer here to the casual presence of alcohol in prescriptions not as a needed part for its therapeutic effect but its action as a solvent of the active principles or a means of preserving these from decomposition—in a word, for pharmacal reasons alone. As to the use of alcohol as a medicine we have already stated our sincere belief that there is no single use to which this remedy can be put, as such, for which there is not a better one to be found among the active principles, aside from the consideration of the dangers besetting the employment of alcohol. But—that is another story.

SOME DRUGGISTS' VIEWS.

A valued correspondent has called our attention to the section of the *Western Druggist* for September, denominated "Around The Table." The topic is the relations between physicians and pharmacists, and a large number of the latter from all parts of the United States contribute their views on certain aspects of the matter.

One of the things which impressed us most markedly was the strong good sense manifested by a number of the replies. The majority by numbers, at least, expressed themselves, however, as being in favor of laws restricting the physician from dispensing in any but emergency cases; and forbidding him to sign certificates of death in any case where he had dispensed the remedies Others also asked for laws giving the druggist the title of Doctor of Pharmacy, and the right to prescribe and dispense in any case which he might be pleased to consider an emergency warranting such action. The druggist would then be legally entitled to the designation "Doctor," and we might safely conclude that not one person in five hundred would make any distinction between the doctor of pharmacy and the doctor of medicine.

How everlastingly we lambast the other fellow—in our dreams!—others, however, and we strongly suspect that the majority of brains and influence may be found with them—condemn most or all these propositions as prepos-

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Sodium benzoate is one of the most efficient remedies in uremia; full doses hourly at first symptoms.—*Cleveland Medical Journal.*

Adler treats pruritus ani by local applications of hamamelis, ergot, hydrastis and comp. tinct. benzoin.—*N. Y. M. J.*

terous. A good many come out flatfooted with the statement that they have no trouble with the doctors dispensing, when the latter are treated right on a "live-and-let-live" platform. A few attribute all sort of unworthy motives to the physician who dispenses—a palpable effort at self-excuse for one's own delinquencies.

The whole discussion makes very interesting reading to the physician, but we feel sorry that the editor of the *Western Druggist* did not, out of consideration for the best interests of scientific pharmacy, blue-pencil about two-thirds of the expressions given. We feel confident that it would be decidedly unfair to take the replies, as given, as an indication of the state of opinion among the pharmaceutical profession in general.

WHERE ARE WE AT WITH IPECAC AND ITS GALENICAL PREPARATIONS?

In the former pharmacopeia only one kind of ipecac (Rio, the root of Cephaelis ipecacuanha) was official. The drug importers, however, demanded that the cheaper and commoner Carthagena variety be admitted, and they gained their point. But therapeutically, we are badly off, because the two roots differ markedly in the relative percentage of their constituents.

According to a paper, read before the Kings County Pharmaceutical Society by Dr. Stanislaus, recent investigations have shown that the Rio root contains about 2.026 per cent of emetine and about 0.0842 per cent of cephaeline, while the Carthagena root contains 1.544 per cent of emetine and about 1.289 per cent of cephaeline. As is seen the difference is quite a considerable one. Referring to the above subjects the *New York Medical Journal* says:

Recent work in therapeutics indicates that the two alkaloids have been misnamed, for emetine is by no means so powerful an emetic as cephaeline is. Emetine is the more purely expectorant principle, and it is on results obtained with preparations of Rio ipecac (containing emetine in the larger amount) that our estimates of the therapeutical value of ipecac are based. With both roots official under the same name, as they are in the new pharmacopeia, the physician has no means of knowing which of the alkaloids is likely to predominate in any preparation of ipecac that he may prescribe. With regard to the fluid extract, from which the syrup is directed to be made, the only pharmacopeial requirement is that it shall contain a specified amount of the mixed alkaloids—how much of emetine and how much of cephaeline, the pharmacopeia does not say.

MEDICAL SECTARIANISM.

Times change and we with them. The time was when two physicians of different schools passed by on the other side, considering it derogatory to their professional dignity to so much as own each other's acquaintance. If they came into collision over a case they glared across the bed of death and each hissed at the other—"You're totally wrong in your theories and murderous in their application!" But not now.

At present if we really think our friend so completely mistaken we are more apt to softly murmur under our breath—"Lucky for me! Now if I can only keep him from finding out his mis-

Oefele allows diabetics a moderate quantity of loaf sugar and finds it useful up to 35 grains a day.—*Critic and Guide.*

Graustern finds that horseradish distinctly interferes with digestion as do all condiments or volatile oils.—*Ther. Gaz.*

take for a season I'll gather in all the success there is to be had and run him out of town."

It doesn't work out that way. More likely we go snooping around to catch on to some of his methods to keep him from running us out. Then as we get to know the others we find they are not so bad. Weepillie isn't half a bad sort on the golf field, and we never hear of him speaking ill of us. Several times Eclecticus has helped us out of a bad hole with a good therapeutic suggestion. As we grow to know the men we feel less inclined to require them to think and do exactly as we prefer.

So far as separatism is concerned, it is obsolescent and will soon be a thing of the past. There is no real reason to prevent our meeting these gentlemen—if they are such—and we also—in the sickroom where we may unite in the effort to relieve suffering and postpone death. But as to the abolition of the sectarian colleges we are not prepared to go so far. They have a place.

It has been found desirable to establish separate schools for the development of various specialties—electricity, massage, gynecic surgery, etc. There is no question but that this has resulted in a much more effective development of these branches than if they were considered merely as parts of the regular medical course. The same may be well said as to the special developments of their pet therapeutics by the various sectarian schools—the only difference being that they have carried on their work outside the pale of regularism. At the time these sects were formed electricity and hydrotherapy would have been equally excluded from the regular school.

By all means let these sects continue their special schools and special work; but let this be done in the profession. Throw down the bars to every reputable legal practician; exact from their colleges the same standard imposed on the regulars; but leave to each man his constitutional rights of individual belief and action. Open the societies to every legal practician without any special requirements as to either. Sectarian quarreling only exposes us to the derision of the general public who can not comprehend why men supposed to be seeking the good of suffering humanity should show such animosity over individual beliefs. During this unseemly bickering the quack sneaks in and captures the bone.

Will they come if we open our doors? Really, that is a question that doesn't concern us. Let us do the right thing; what the other man may do is his concern entirely.

"CASTOR OIL FOR NEURALGIA": AN EMPIRIC ERROR.

In the *Medical Council for* December appears a brief editorial, recommending castor oil as an efficient remedy for neuralgia. Following Gussenbauer, the writer attributes to the oil curative properties apart from and not dependent upon its cathartic powers.

If there are any active principles in castor oil that possess other than laxative powers, these principles should be isolated, properly studied, and given to the world that proper use may be made of them. Obviously, there are plenty of cases where an efficient antineuralgic remedy would come into play, where the

"The Lord is certainly good to Chicago." Lowest December mortality on record; Isolation Hospital empty over a month.—Whalen.

Week ending Dec. 16, saw 252,444 lbs. unfit food condemned by Chicago Inspectors; 231,330 at the Union Stock Yards.—Whalen.

cathartic action would be undesirable, let alone the peculiarly nauseous nature of this oil.

But it is extremely unlikely that castor oil is anything further than a laxative. Very few of the old class of practicians begin to appreciate the importance of toxemias, in arousing so-called "neuralgic" paroxysms. The blood is universally empoisoned by the absorption of toxins from the bowels; the irritation manifests itself acutely at the point of least resistance (a nerve degenerated through the operation of any capable cause) and here we have a localized neuralgia in consequence. Castor oil clears out the manure heap; its continued use prevents immediate reaccumulation; the blood is purified by the natural elimination, and the irritated nerve is relieved.

This explains fully the benefit resulting from castor oil. It is supererogatory to seek further for an explanation of its good effects. To attribute these to some mysterious power, of some mysterious, unknown principle, assumed to exist in the oil, is to disregard things plainly in view and seek for a mystery where none is needed to account for the existing phenomena. The better we comprehend the known and the knowable the less we hark back to the unknown, mysterious or supernatural.

Full realization of this truth prevents one's depending upon such partial remedies for the treatment of such maladies. The degenerated nerve remains as a menace to the comfort of the patient, its causes require investigation, its continuance demands treatment.

We have advanced the proposition that zinc phosphide is a specific remedy for pending degeneration of nerve tissue. That proposition is before you for discussion, confirmation, modification or refutation. Tackle it!

The removal of material lesions affecting the nerve-structures, impinging on their substance, the detection and removal of cachectic toxemias, the maintenance of nutrition by enriching the blood, the establishment of correct personal, domestic and municipal hygiene, all are essential elements of the treatment of neuralgias upon modern scientific principles. Besides such considerations how weak and narrow appears the suggestion of any remedy as a "cure" for neuralgia. We have remedies (and specifics at that) for conditions, but not for diseases.

MALARIA.

A very distinguished surgeon had malaria. He had taught materia medica once upon a time, but of late had given so much attention to surgery as left him little time for keeping up with the later progress in scientific therapeutics. So he took his 80 grains of quinine sulphate within two days—and the chills went along undisturbed. To oblige us and because he thought it would do no harm he took enough quinine arsenate to slightly irritate his stomach—and the chills stopped for the time. Diarrhea and gastric irritability made him decline our urgency to take a grain of emetine. Yet this was precisely the indication; to be followed by a sufficiency of sulphocarbolates to completely disinfect the alimentary canal; then about a grain a day of the quinine arsenate till the sequence of chills was stopped. Follow

Dr. J. W. Wainwright has issued a useful little Manual on Acute Poisoning, printed by E. R. Pelton, N. Y.

A new edition of Bouchard's Auto-Intoxication in Disease has appeared and will be reviewed here in due time.

with the arsenates of iron and strychnine to restore hemoglobin and the tonicity of the spleen, and nuclein to make up for the death of leucocytes, and we have the modern treatment of malaria in a nutshell.

CONDEMNED MEATS.

We have just received from a valued reader a letter calling in question the veracity of our quotations from the bulletin of the Chicago Health Department in regard to tuberculous meats, condemned by its inspectors after having passed the Government inspectors at the stockyard. The gentleman further asks us to publish his letter, which is a severe arraignment of the ability and integrity of the city inspectors, *without his name*. We must decline. In the first place, to publish it would render the journal liable to a libel suit; in the second, we find ourselves unable to intelligently discuss the question whether the inspectors of the government or of the city are able to do their work impartially and with an eye singly fixed upon their duty in the face of the enormous influence exerted by the packing houses. This is a matter for individual opinion.

Without any definite knowledge upon the subject more than is to be obtained from publications in the daily press or in magazine articles and judged by the experience we have had of humanity and its tergiversations, we emphatically decline to rush into print. To hold opinions is one thing; to print them in such a way as to render one's self amenable to the law without possessing in our own hands a scrap of evidence which could be received as such in a court, we leave to some of our sophomoric brethren who are newer in medical journalism than ourselves.

INTESTINAL ASEPSIS.

In the *Journal of the American Medical Association*, Butler, in the course of a paper on "Typhoid Fever in Children," says: "It is probably a coincidence that the mortality among those getting intestinal antiseptics was 7 per cent, and among those not receiving them 3.8 per cent. This is probably due to giving intestinal antiseptics is severe cases, with the hope of exerting some influence on the intestinal changes. However, the use of intestinal antiseptics did not seem to be of any special value in any of the cases."

How do we account for this experience?

We do not have to account for it.

Have we ever in any of our numerous writings on this topic claimed that there was anything miraculous in the term "intestinal antiseptic," so that any person whoever, giving any agent so termed, in any sort of a way, at any stage of the disease, the microbe is bound thereupon to turn over on its belly and die without any more ado?

We have insisted that the bowels must first be emptied; that it is folly to try to disinfect a bowel in which is a mass of possibly pounds of feces into which the antiseptics never penetrate; that the earlier the antiseptics are employed the better, as lesions of the mucous surfaces are thus prevented; curing them when once made is a different matter, and for the healing of ulcers silver and turpen-

Don't you feel the South a-callin'? Springtime's on in Lou'sian'. Trees are green and wilets bloomin.'

Neuralgia: Croton or butyl chloral is specific for scalp pain, often remaining after neuralgias; gr. j every hour.

tine are better remedies than any of the antiseptics proper. Inducing asepsis is like putting out a fire—if you leave ever so little, the whole conflagration will be quickly reproduced. Nothing whatever is said in Butler's paper to indicate that these points were taken under consideration. Instead of this we see that the antiseptics were given in "severe" cases; that is, when the ordinary treatment gave indications of failure; and if this inference be correct the most favorable time for these agents had passed by.

The intestinal antiseptics named in the paper were calomel, salol, guaiacol, acetozone, and benzosol. Queer, isn't it—people hear what we say of the sulphocarbolates and then go away around them, giving anything else rather than what has been recommended. We make no claim that the sulphocarbolates are the only antiseptics, we simply say we have obtained more satisfactory results from them than from any others. If people use other drugs and fail, the inference seems obvious.

Dr. Butler's results are contradictory to those obtained from the antiseptics by the vast majority of physicians—and here also the inference seems obvious.

IS THIS RECOGNITION?

By one of those mistakes that will happen to the best regulated journals an item of real therapeutic worth slipped into the esteemed *Journal of the American Medical Association* of Feb. 3. This *faux pas* appeared in the shape of a clinical report announcing a remedy for cholera, contributed by a missionary, Rev. C. D. Ussher, M. D., of Van, Asiatic Turkey. He disarms opposition at the start by attributing his success to a remark of Koch's, who said that quinine in solution of 1 to 1000 or 2500 would kill the cholera germ in from ten to thirty minutes. The item was taken from *Sajous' Annual.*

Dr. Ussher says that cholera has lost its horrors, through the use of quinine sulphate in ten-grain doses every hour till bile reappears in the stools; from forty to eighty grains having been given in that time; that the quinine is not absorbed but acts in the intestines; and that aromatic sulphuric acid lemonade proved a satisfactory prophylactic. We quote:

Sulphate of copper, 1 to 100,000, for drinking and washing purposes, stopped the disease and stamped out the epidemic in the military barracks where hundreds had died.

With quinine, more than 90 per cent of the patients recovered, including those brought to our hospital moribund.

With the old lines of treatment, every patient during the first week succumbed, testifying to the virulence of the epidemic. Saturday night at midnight I learned of the new remedy, and after that lost but two patients seen before they were moribund.

Our hospital treatment consisted of the following: Quinine sulphate, gr. 10, every hour till rice-water stools ceased and bile reappeared; sweet spirits of niter, dry cupping, heat and friction for suppression of urine; saline injections when the wrist pulse had disappeared (but some patients in this condition recovered under quinine treatment without injections). Occasionally a diarrhea mixture was used when intestinal activity was excessive after the reappearance of bile in the stools. *Where irritability with foul odor persisted, five grains of a mixture of equal parts of the sulphophenolates of zinc, calcium and sodium were given at intervals of from two to four hours.*

Neuralgia: Sciatica has subsided under croton chloral but there are so much better remedies; gr. i to iij every hour.

Neuralgia: Bebeerine, useful for periodics, might well be studied separately; it is drowned by "resembling quinine."

Is the joke on the *Journal*, or, as we hope and trust is it really willing to let an honest man sustain the principles of intestinal antisepsis for which the CLINIC has fought so long?

"Sulphophenolates" (which should be phenosulphonates) is of course a bad rendering of the new Pharmacopeia's *new name* for the good old-time sulphocarbolates, with which we have marched to victory for lo! these many years.

"PURITY RATHER THAN PRICE."

In the *Pharmaceutical Era* of December 21st appears an admirable paper by George Bollinger entitled "Purity rather than Price." He refers to the battle for pure medicines which commenced more than fifty years ago with the organization of The American Pharmaceutical Association, and its state allies, with the powerful support of the N. A. R. D.

We, as physicians, should recognize the inestimable value to us of this work. It is little to our credit that the incentive came in so small degree from our own profession. The drugs in the market failed to meet our expectations; instead of demanding better drugs we simply quit using drugs altogether.

Mr. Bollinger says: "I am convinced that a larger proportion of pharmacists than ever before dispense high-grade drugs and chemicals in prescriptions. The best medicine is none too good when life is at stake."

We join hands with men who talk like that, and we must say that they are the sort of pharmacists with whom we have usually come in personal contact.

He makes a strong plea for the pharmacopeia, and that physicians should be encouraged to prescribe official preparations. The pharmacopeia meets the needs of physicians as it never did before, and is therefore that much better deserving of their support.

Cheap drugs and slovenly handling are deservedly condemned, while skill in selection and in compounding assuredly, as the author says, should command higher prices. With this we fully agree. Scientific pharmacy, like scientific medicine, is not to be measured altogether by dollars and cents. A human life may be sacrificed by a careless apprentice, who neglects to wash some powerful drug like strychnine out of his mortar before using it to compound another prescription.

We hope and believe that a real renaissance is on in pharmacy, as in medicine, and that the cause of exact therapeutics will inevitably benefit thereby. The live, intelligent, conscientious pharmacist deserves our support and we need his services. Let's all work together.

LAMAR FONTAINE.

Although the credit for first effectively attracting the attention of the medical profession to the mosquito, as the carrier of yellow-fever infection, is given to Dr. Finley, of Havana, he was not the first to whom this idea occurred.

In 1857, Lamar Fontaine, a distinguished civil engineer of Mississippi, elaborated this theory, from observations made upon the mosquito in connection with both yellow fever and malaria. This is the more creditable to Fontaine, in that the progress of science at that early date had not attained the general development which it had when Finley made his observations.

Neuralgia: Sciatica and earache have been helped by digitalin; best with aconitine to equalize the circulation.

Neuralgia: Capsicin is useful for persons stopping the use of alcohol or tobacco, no matter what pains they may suffer.

LEADING ARTICLES

THE PNEUMONIAS.

BY WOODBRIDGE HALL BIRCHMORE, M. D.

WHEN the discovery of the role played by the bacillus Koch in tuberculosis turned the attention of students from pathology and pathological anatomy to cryptogamic botany a large group believed that they were on the verge of a great discovery in relation to the disease or diseases in which the formation in the air vesicles of a coagulable exudation is a prominent symptom. The questions involved in the studies of this great group were made more complicated rather than less so by the discoveries in relation to the figured elements, and the present hesitation and uncertainty in the minds of those called upon to treat this disease or group of diseases at the bedside is but an echo of the state of mind of the closest students.

The men who regard the capsuled coccus as the only and sufficient cause have judged, as we all must do by the facts in view, but at the same time their list of facts is limited, and while unquestionably their conclusions are justified by their experience, a series of facts exists which they appear to many to treat with quite too little attention. The result is that a distinct difference of precept and practice exists between physicians on this subject, which seems in some sense dependent on their environment and this alone.

An attempt has been made to show that this difference is founded on the ability of one group to make use of all the details of the laboratory technic and the lack of it in the other, but this is hardly true, for the skill in technic is not limited to those who see only one cause for all the varieties of manifestation.

First of all, what do we intend by the use of the words, "A case of pneumonia?" Do we intend a clinical picture? Do we intend a pathological condition independent of definite causation? Or do we intend a specifically caused pathological condition? The answer to this question is not easy, because there is hardly one of us who will not in the course of one short half-hour's conversation use the word in at least more senses than one.

Pneumonia has been defined as an inflammatory disease of the lungs; as an essential fever characterized by a fibrinous exudation into the air cells; as the local manifestation of a constitutional disease; as a local disease having constitutional manifestations. This last view depends directly on the theory of an invasion of the bronchioles (muscular) and air vesicles by a cryptogamic element which then and there begins the laboration of a poison. *All* the *other* definitions depend upon *clinical* manifestations; this last depends upon a *theory* as to the *causation*. Students had investigat-

ed this disease, and had treated it with success for many years before this last view was even possible and it is well to bear this fact in mind.

If we investigate the disease as it exists today we find conditions to be unlike those of the past, and if we refer to the writings of the past we find pictures which, in our today environment, we can not explain, and which we do not see. In fact, there is hardly a city or large town in which the medical records cover the space of an ordinary lifetime, where the change in the type of the disease has not been noted and where it is not well marked.

If one investigates carefully, using where possible graphic testimony rather than parole, it soon becomes quite clear that the disease known sometimes as "pneumonia" and sometimes as "lung fever" has changed clinically, if the same pathological movement be in all cases represented by the name pneumonia. Two generations ago the disease then called "pneumonia" was by no means so frequently seen as today in proportion to the population. It was seen later in the season also, the mortality was less and the writings of the time give us clinical pictures utterly foreign to modern experience in the same ground, *but in perfect accord* with the experience of today *in other localities*. Practicians of mature years will tell the questioner that "the character of the disease has certainly changed"; again and again we hear some younger man say: "I've been reading my father's (grandfather's) diary. Funny we never see the sort of pneumonia they seem to have had."

Personal inquiry extended by correspondence from Portland, Me., to Savannah, Ga., makes it absolutely certain that fifty years ago the familiar form of disease on the Atlantic shore was not only not what it is today, but it was the form now rarely found in cities this side of the Great River. In fact the change in type can almost be traced in given localities from the fulminant disease produced by cold to the adynamic disease of slow onset which in the last few years has reached the status of a veritable pestilence.

The more extended the inquiry the more logically necessary is the conclusion that the disease which we now know as pneumonia, the only form which we now meet in the large and smaller cities, was indeed known but was most unusual and was just as fatal then as now, but so very few were the cases compared to other types that they did not properly impress the clinicians of that day, who as a rule, meeting in the round of duty the forms now familiar to the practicians of the West, treated the cases as these practicians treat them today, and with the same success. It is unquestionably true that one form of the disease has practically disappeared in the East while another has survived to occupy the field almost alone. That this form has gained the status of a pestilence in certain localities in Chicago and other large cities cannot be questioned, but it does not by any means follow that the other forms have disappeared everywhere outside them.

The diversities of form which once were found in close proximity are now geographically far apart, because in the cities the infectious disease which in days gone by was indiscriminate from that due

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Neuralgia: Many cases are amenable to an emetic of emetine; depending on an overloaded stomach; don't give 'em opium.

Neuralgia: Emetine gr. j at bedtime not vomited will sweep out the liver and stop pains, the bungler treats with narcotics.

to exposure has survived, growing constantly more virulent, while that due to the climate conditions has disappeared.

In some cities, as in Denver, the type due to the infection has become from the change in surroundings so relatively the rule that some physicians appear to have become confused and to have made the mistake of thinking that they had made mistaken diagnoses in previous years.

If we made investigations into the detailed history of the cases of the past, the clinical pictures which come to us from farm-houses, from "the open country" and from the cities, presented the same distinctions that we find in certain localities today. In their records we find the same statements in relation to "fulminant attacks" due to cold which are recorded now, attacks in which the entire lobe would appear to become solid in a few hours with "coagulable lymph," to clear again as suddenly; but it is possible that the exudate in these cases was in fact serous and not fibrinous. The condition would last but a few hours and apparently the patient would recover perfectly. This was the definitely expected record and type in this class of cases, and in the clean air of the country it certainly was the rule that if the cases survived the primary onset they recovered.

The conditions of the past have in many localities continued into the early eighties, and the practicians who had no microscopes, but founded their opinion on clinical experience alone, were just as ready and as confident in their diagnosis as were the men who made use of all the diagnostic refinements of the hour, who found basis for their opinions in the result of post-mortem examinations, and both groups of voiced opinions agreed.

But when the discovery of Koch turned the attention of the students away from the study of the *corpus delicti* to the study of the supposed cause, the study of the pathological anatomy came to a sudden stop and since then has never again been undertaken with anything like the previous carefulness.

During the past twenty years and two it has been my good fortune, and bad, to see cases called "pneumonia" in the cottages of coal-miners, in farm houses ranging from two rooms to twenty, in the far Northwest prairie as far as Winnipeg, in Kansas City, in Chicago, and in New York. Also by good fortune I have obtained material in many cases which has been carefully studied and if the micro-specimens have any special significance, 'tis this, and to me it seems written large: "Either under the name pneumonia are grouped three, and possibly five, distinctly various pathological movements, or there are three or five forms of pneumonia which are anatomically distinct." Nor are they clinically one, for the distinctions between the flash of a sheet of paper converted into nitrocellulose and the burning of a sheet of the same kind of paper when lighted at the upper corner is not more marked than is the difference in the onset of so-called "pneumonia" in a man exposed to a "blizzard" or "black fog" on a Northwest prairie and the pneumonia of a New York tenement.

In the one case the men would leave home strong and in perfect health, would get caught in the storm, come into a warm room, complain of a shortness of breath and maybe even faint and die be-

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Neuralgia: When the alimentary canal is unloaded and elimination perfected, what is there left to do? Mighty little!

Neuralgia: Plethorics, uricemics, from overeating or colds, throbbing head, give colchicine, gr. 1-67 to 1-33, at bedtime only.

fore air could be given them. I have seen this catastrophe happen just three times. If not so much of the lung was implicated, a lobe, for example, would apparently be solid, and if the routine treatment, worked out on the spot by physicians who had been used to "blizzards' doings" for half a lifetime, was begun at once and used with judicious fearlessness the chances were that the patient would recover in the proportion of seven cases to three, and even that within a week the patient would be able to be up and doing. In fact it took the victims more time to recover from the treatment than from the disease.

In these cases we saw no great amount of expectoration, "red" or "gray," and what we did see, while it never coagulated spontaneously was easily coagulated by heat from neutral or faintly acid solution, in a word was richly albuminous, and sensibly resembled a faintly but distinctly alkaline solution of "white of egg," and apparently contained no fibrin. The men who saw these cases were not fools, but the graduates of the very best schools in this country, in Canada and Europe, and all believed that an "abortive" treatment of (this) pneumonia was possible.

There was another form of equally sudden onset, less intense, and also more fatal, which usually, when it ended in recovery ended by "red softening," and not more than half of these cases died. The course it would pursue, that is if it would abort or no, could be easily determined by the sudden drop in the fever, gradual defervescence not being accompanied by resolution.

In these cases there were anxious days, two or three, until we knew what was about to happen: would the softening be "red" with gradual but complete clearing of the lung; or would it be "gray" accompanied by chill, hectic fever and certain death after a rather indefinite period?

If the onset was "slow," and the patient "weak," we knew from the start that it would be fatal because we were not able to use the means which we had every reason to believe would be useful, could we but use them, because of the condition of the patients. In these cases we knew that death was absolutely certain from the very beginning. In these there was no sudden solidification, as in the cases which aborted, but the pouring out of the *fibrinous* exudate would seemingly be going on in one part of the lung while the exudate was breaking down in another.

When the patient died in the first onset, if autopsy followed the part of the lung implicated was found to be full of fluid which could be forced out by squeezing, which fluid has been recorded again and again as containing blood corpuscles, specially white ones, and desquamated epithelium. Records of this sort are found in accounts of cases in all localities in the early sixties, and they were just as true in certain localities in 1887. If the lung was solid it was like india-rubber to the fingers and when hardened and sectioned, differentially stained and examined, the alveoli appeared full of coagulated fibrin while diapedesis had taken place from the capillary vessels and a layer of cells, sometimes three or four thick would show that the epithelium was desquamating and that the healing process had begun, but the exudate was not dis-

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Neuralgia: Colchicine is like veratrine—it grows in favor as we know its applications better and recognize indications.

Neuralgia: The beginner flies to analgesics and hypnotics; the gray head looks to the elimination first.

colored, "red hepatization" had not yet taken place. So far as could be judged from my own experience, and the careful questioning of all I could ask, of those from whom *real answers* could be gotten, the conviction seemed to be that the "red stain" of the fibrin came from the solution of the blood cells caught in the capillaries of the alveoli.

In the material from one case, seen in 1885, appearances suggested that the healing processes had begun in the alveoli behind a screen of leucocytes and desquamated epithelium. This patient died of heart failure on the fifth day, but in none of these cases could the alveoli be shown to contain the familiar organism, and the relative fewness of the cocci and other figured elements in the exudate was a surprise.

It is worthy of note that the latest descriptions written by pathologists in New York seem to place the "gray stage" not as alternating with, but as *sequent to* the "red" one. If this be true in the majority of the cases in New York City then the type of disease is *ad hoc*, unlike that of the West and Northwest, for there a sharp line can be drawn between the cases ending in "red softening" with "rusty sputum" and those ending in the "gray stage," and in no case did I see or did I hear of a "gray stage" consequent to a "red one."

Another important definition was to be seen in the suppuration cocci which appeared in the slides made from cases which had died in the "gray stage." In some slides, notably from two cases which had lived in hideous squalor, the encapsulated cocci, or bacilli, could be found in plenty, but in cases in good environment the figured elements most especially noted were cocci belonging to non-encapsulated groups.

In one special case, material obtained in Kansas City and handled by the celloidin method, there were numerous encapsulated cocci well out in the exudate, but there were also phagocytes containing unquestionable chaplet elements, and the impression was inevitable that in some form inflammatory action had begun and had ended in utter ruin, the healing process had been over-powered —Why?

Such then was the series of conceptions in respect to pneumonia generally current among physicians in the West and Northwest as late as 1892-3.

Along with these three pathological conceptions were three equally distinct and in the opinion of their users well justified schemes of treatment. The treatment of the form which was expected to end in immediate absorption consisted of a systematic and relatively severe catharsis followed in a majority of cases by a systematic use of aconitine or veratrum with digitalis "to steady and control the circulation," using the lancet when needed to relieve the overloaded heart, and the tartrate of antimony and potassa to prevent the coagulation of the exudate. It is noteworthy that in the cases which underwent resolution such of the contents of the lung vesicles as was expectorated was plainly serous, with but small traces of fibrin. The fibrinous exudate of the more serious cases was not seen in those which aborted if judgment from the sputum is justified. I do not remember to have seen this fact recorded but it is easily verified by anyone who meets such cases.

In practically all cases of sudden on-

Neuralgia: Inveterates are cured by destroying nerve by osmic acid injection; the knife can be better controlled.

Neuralgia: Menthol locally is a powerful anodyne; give by stomach to arouse reaction and soothe pneumogastric ends.

set, all of which were expected either to abort or to end in "red softening," the same treatment was used until the physician was satisfied that "successful abortion" was impossible and then the practician would make use of a totally distinct system of treatment. Overfeeding was attempted to sustain the strength and every possible scheme and artifice was employed to hasten the casting off of the softening exudate. As has been said this system of treatment has been worked out not from pathological data and scientific preconceptions but as the result of observation only. The belief was universal among the men of experience that in this system was a reasonable hope of success and in this system alone.

The abortable group was to be aborted. The danger which appeared to their judgment as the possible catastrophe was the overloading of the heart, as a drowned pumping engine might be overloaded. In the second form, the first non-abortive group, that with the "red softening," the idea seemed to be to prevent coagulation if possible, but failing this to disintegrate the exudate as rapidly as might be.

In the third form of illness, the "asthenic form," as it was aptly called by some, "the adynamic" or "the progressive form" as it was styled by others, any such treatment methods were simply worse than useless. The general conception was very well worked out by Dr. Willis P. King in a paper read at a meeting of physicians in 1887 or '88: "So far as my experience goes the question is not which treatment method is the best for our patients, but which is the least injurious." I do not know that any other physician was so perfectly frank but they might as well have been, for all recognized that "gray softening" stood for certain death, no matter what the character of the onset.

By persistent endeavor I managed to obtain the answers to certain questions in respect to the group of cases given below. The facts sought for were simply the recognition of the three forms, the number of each form and the number of deaths. All reference to treatment was omitted. The cases were scattered in various parts of Kansas, Nebraska, Minnesota, Colorado, Missouri, and Iowa. The only item of importance is the ratio among the cases, and I think this may be taken to be reliable and as typical for the whole region up to the winter of 1890-91.

TABLE SHOWING DURATION AND MORTALITY OF 500 CASES OF SO-CALLED PNEUMONIA VARIOUSLY LOCATED AND OCCURRING BETWEEN 1882-1893.

Termination	Aborted		"Red Softening"		"Gray Softening."	
Number of cases	198	39.6%	174	34.8%	128	25.6%
Died of primary disease	21	10.6%	73	41.9%	122	95.3%
Recovered from primary disease	177	89.4%	101	58.1%	6	4.7%
	Distribution of Deaths.					
Died in onset	11	52 %				
Between seven and fourteen days	5	24 %	42	57.5%	47	36.7%
Between fourteen and twenty-one days	2	9.5%	19	25.0%	75	58.6%
Between twenty-one days and three months	3	14.5%	12	16.5%	6	4.7%
Total deaths	21	100 %	73	100 %	128	100 %

The enormous proportion of the aborted cases is not to be avoided on the basis of Dr. Cuykendahl's quip *in re*, tetanus: "Most of them died, those who

Neuralgia: Solanine has been substituted for morphine in severe forms—there's a valuable suggestion in that remark.

Neuralgia: The study of other remedies for each one's specific uses leaves no room for morphine or alcohol; drop them.

recovered did not have tetanus." It will not do to say, "those cases which aborted did not have pneumonia," for they did, *as pneumonia was then and there understood.* At the same time any attempt to avoid acknowledging the distinct difference between the manifestations of this disease in those localities at that time and the unlike pathological movement now called pneumonia in the cities, would unquestionably be wasted labor, but the pneumonia of the prairie states in 1890 was the pneumonia of New York, Boston, and Philadelphia in 1830, if the clinical histories of the time have any meaning.

The really interesting group of cases is that in which the disease is described as "aborted," yet in which 21 deaths are charged. These deaths include those in which the patient was either at once overpowered or the patients so weakened that they never rallied properly although the proper march of the disease was broken up by the absorption of the exudate, *which did not coagulate.* To account for these cases by any demonstrable theory is at present impossible and about the most useless thing in this science of pathology is speculation without experimental proof.

During the winter of 1890-91 the writer met a physician from Boston in an emergency case (that of a man who had come thirty miles in a sleigh to meet the train) brought on by chill as we all supposed, in which the diagnosis of "acute pneumonia from chill" was unhesitatingly made by the local physicians who had no hesitation in saying that the disease would no doubt yield to treatment in a few days as the victim was robust and the implicated area was not large. The Bostonian agreed to the diagnosis but was evidently skeptical in respect to after results. He certainly did not expect the patient to make any such recovery as was promised. The treatment given was the routine of the locality: Aconite and digitalis, purgative and tartrate of antimony and potassa. The exudate was practically out of the way after ninety-six hours, defervescence followed and at the end of the week the patient was about in his room but was as a matter of course very weak, but eating well.

The Bostonian who had remained to watch the case, and who had agreed in the diagnosis, made afterward two remarks which at the time surprised me. "That is not pneumonia as I have seen it;" and "the diagnosis seemed to be correct, but the clinical picture is new, and I have not been able to find the usual figured elements."

There had been little expectoration and what there was had presented no aspect which appeared to me unusual, but conversation with this gentleman showed me that clinically pneumonia in Boston and pneumonia in Nebraska were in truth not identical, and for the first time I was inclined to raise the question of the multiplicity *vs.* the unity of type as opposed to the notion of the diversity of stages of pneumonia. Were we confounding two or more distinct pathological movements in our conception of this disease? Had we to deal with the local, *quasi* surgical, lesion produced by cold in one set of cases, and a definite germ invasion in the other? To those on the spot it appeared by no means preposterous when we came to consider that the most part, practically the whole, of the abortive cases were immediately consecutive to

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Neuralgia: Empty bowels; disinfect; eliminate toxins; relax vascular tension; incite vitality; restore blood crasis.

Neuralgia: In these notes the word has been used clinically; you may pick out the pathology to suit yourselves.

exposure. There is one circumstance however which is decidedly at odds with this hypothesis, the undeniable change in the type of disease as seen in the valley states and more or less throughout the West.

But the peculiar way in which the disease when caused by the encapsulated coccus clings to the lines of traffic, while a few miles away it will be quite unknown, ceases to be any mystery when we consider the facts brought out by Dr. J. J. Kinyoun in the *Medical News*, July 29, 1905, and it also tells us why the pneumococcal pneumonia is the distinct disease of the traveler by railway in this country today, as certain fevers were the special heritage of travelers by sea in time past. He carefully studied the dust of railroad trains, made inoculations of the dust, and obtained positive results in 19 cases: 1 tuberculosis, 8 pneumococcus pneumonia, 4 staphylococcus, 5 general septicemia, 1 malignant edema? In other words the opportunities for catching pneumococcal pneumonia were eight times more numerous than were those of catching tuberculosis.

This tells us why this form of pneumonia clings to the traveler and to the towns along the railroads, while the other forms of the disease are found more frequently only a few miles off the line.

The younger generations of physicians certainly see fewer cases of the abortive type. They appear by what is written to be less familiar than their fathers were with the type and with the treatment. They do not report or discuss the absorbed cases as their predecessors did, and when they do by any chance discuss this, their dicta are less assured than those of their fathers. The question is inevitable, "Have these cases ceased to be prominently in view?

During the past few years the papers on pneumonia in the western journals have had a less and less satisfied tone, and while some men appear to be undecided and uncertain, others write as if disinclined to commit themselves.

It is most interesting to note in the *Yale Medical Journal* a paper by Rush W. Kimball, M. D., of Norwich, Conn., in which he inclines to acknowledge many causes for the disease. He says: "Pneumonia is due to bacteria, the pneumococcus and the diplococcus being the most constant; infection may be a pure pneumococcus, a diplococcus or a mixed type. It has always been regarded a local infection but during the past year it has been proved that in lobar pneumonia the pneumococcus is invariably present in the blood." Yet he makes no distinction in the clinical pictures which characterize these totally distinct infections, but he does recognize the change in the type of the disease, saying, "One of the most striking facts is that there has been, during the last few years, a modification in the type of the disease." This he appears to think due to the influence of la grippe. It is noticed also that he expects much from the investigations in New York City while he questions the extreme contagiousness on which demand for the investigation is grounded.

Taken as a whole this paper by Kimball is a remarkable confirmation of this contention of mine that *pathologically* a differential classification is possible among the cases of "pneumonia" and therefore absolutely necessary.

There is certainly no doubt as to the

Neuralgia: Cypripedin will do away with the necessity of morphine in ninety per cent of cases; solanine in the rest.

Neuralgia: Drop the term from your nosology but hold to it in your daily work and do not disdain to relieve pain.

increased mortality and of the attitude of distrust in their ability to conquer with which the physicians encounter the disease no matter where they meet it. A paper recently published from the pen of John I. Scott, M. D., of Indianapolis, gives an extended list of treatment methods, but he does not make any distinction between the types of this terribly fatal disease.

The schemes of treatment are wondrously indeterminate. Heroin is advised by some to allay cough and ammonium chloride to increase expectoration. Terpin hydrate is advised with strychnine and guaiacol by others. Still others impress upon us strophanthin and digitalin, and so on indefinitely; but they appear to make no note how truly in these cases one man's meat is another's poison. Most writers make no note of the differentiation in the types of the disease.

In 1885 the belief in the abortive treatment was still holding its own with the older men in Minnesota, Nebraska, Kansas and to some extent in Iowa, yet they said that they saw fewer abortive cases than formally and if pressed for an answer the usually obtained answer was, "Men expose themselves less," or "The towns are larger, probably the practicians in the smaller towns with country practice see as many abortive cases as formally, but we do not because exposure is less," Such remarks as this inevitably impressed those who heard them with the notion that the type in town was changing whatever the condition in the world outside might be.

In 1892 a physician long resident in a university town in Iowa told the writer: "Twenty years ago pneumonia was a different disease in every way. It was a disease of exposures, people did not die of it then as they do now. If they did not die at once of the shock they had an even chance of at least getting well and many cases would be knocked down and be well again by the end of the week, but it is not so now." Many others have by word and by letter given voice to the same idea that "the pneumonia of this century is a very different disease from that known in former years by the same name to the practicians in the prairie states and even to those in Ill. and Ohio."

In the face of such a mass of evidence as that which has been outlined here there is no excuse, not the slightest, for the nihilistic statement, "There is no treatment for pneumonia." Of course there is not as long as every disease in which a serous or fibrinous exudate into the lung cells is called pneumonia. It is as fair to say that "hypostatic pneumonia," or that sometimes seen in rheumatic cases, is the same as the "winter pestilence," as to say that all the cases making the death rate of the said winter pestilence in the United States have the same cause.

No doubt the cases in New York and Chicago are due to the same diseases having the same cause and the same pathological march, for the environment is the same, but it remains to be shown that cases so unlike clinically to those in Western country homes and these in New York and Chicago are, have the same cause. Is anyone prepared to say that the case which grieved so many recently in New York was due to the same cause as the cases two years ago at Northfield, Minnesota? This group had

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Neuralgia: A hot water bottle covers a multitude of indications; a hot mustard footbath is singularly effective.

Neuralgia: The first effect of a needed laxative is to increase the pain by rendering toxins soluble and absorbable.

a certain likeness and groups can be found almost everywhere which have likeness to each other while differing from other groups quite distinctly; differing as group from group in at least a dozen ways they are all called pneumonia, and why pray? Simply because symptoms necessarily arising from obstruction to the lung circulation and an exudation into the air cells occur in all of them. Out of a clinical picture with perhaps five points of agreement and twenty of difference the five are permitted to dominate the picture, and the diagnosis, to the exclusion of all the rest. Then the treatment which was beneficial in one group is applied to the other, it fails and we say: "There is no treatment for pneumonia possible with drugs. Give us a serum lest the country be depopulated."

This is not the part of men, let us rather study the cases, improve our diagnoses, part the type cases, and making use of the means we have, do at least as well as our fathers did before us and theirs before them. Digitalin, aconitine and strychnine with physical protection proved equal to one group of cases in Chicago two years ago, all of which were described as "sthenic". Reference has already been made to the routine of the "rural practicians" in the prairie states. But at least let us remember that there is but the vaguest clinical resemblance between the pneumonia of a New York tenement and the usual typical pneumonia of a country palace in the West. The lung cells infiltrated in both cases (solid perhaps) but there the resemblance ends.

New York City.

THE TREATMENT OF PNEUMONIA.

BY W. C. ABBOTT, M. D.

A PAPER on pneumonia was promised for this number of the JOURNAL—and promises must be kept. But I find it difficult to prepare this one now. Not that I am less interested in the topic, not that it is not needed badly—the records of the mortality in all our great cities show that the profession is not yet qualified to cope with this malady. But I have so often said my say—and would refrain now were it not that I am so well aware that only by constant iteration can a useful therapeutic method be driven into the consciousness of the doctor so it will stick.

The report of the Chicago Health Office for the week ending Jan. 27 shows that there were reported 61 deaths from consumption and 86 from pneumonia. Both are under the average, the preceding week reporting 60 and 111 deaths respectively.

Every prominent man seized with pneumonia dies—we mentally prepared Field's obituary the moment we heard he had a "slight cold." Wheeler's death was even surer. Given, a prominent man with pneumonia, a group of "eminent physicians" in attendance, each afraid to suggest any active therapeutic measure as the rest are sure to land on him with both feet, with a daily bulletin as the last straw, and the result is inevitable. Conscious that the eyes of the entire community are on them, they have more than one half their attention

Neuralgia: Gelseminine for ovarian, sex excitement, possibly dentals; give gr. 1-250 in hot water hourly till lids droop.

Neuralgia: Gelseminine only; gelsemin contains an alkaloid acting like strychnine, antagonizing the former in its best field.

fixed on the "grand stand," and the opportunities for effective intervention are unrecognized or unimproved; while the multiplicity of counsel renders the following of a consistent plan of treatment impossible.

How is the personnel of such a case made up? Generally—we have no special case in view—of an eminent diagnostician, a surgeon, a fashionable society doctor whose real knowledge of medicine is limited to the therapeutics suitable to folks to whom the doctor's visit is a welcome diversion. Neither of the others knows anything whatever about real, modern drug therapeutics—and they do not as yet realize their ignorance, but on it base their openly stated belief that there is nothing in drugs. Witness a great eastern editor who refuses to publish any article on pneumonia that admits the possibility of useful treatment (this editor has not practised for many years,) and the ridiculous statements of the "me-too" journals, editorial and otherwise, that *in their opinion there is no drug or set of drugs that has any influence whatever over the course of the disease. Bah! What Rot!*

It has been stated that when Queen Victoria was confined she set aside the great titled court accoucheurs and sent for a slum doctor, who attended very many women in such emergencies—and if this be true we do not wonder that this woman so many years retained the respect of her subjects.

That therapeutic nihilism is founded on ignorance may be shown by the following argument, stated succinctly:

Disease consists in an alteration of the bodily tissues or organs, or of their functions.

Drug remedies have the power of altering in some manner the tissues or organs of the body, or their functions.

If we recognize both the above, and know enough to fit the remedies so as to exactly neutralize the disease-effects by the drug effects, we cure the disease and restore health.

I shall welcome anyone who can point out a fallacy in the above reasoning. If they are true, the fault lies in our ignorance of pathology, or therapeutics, or both. The remedy is study and investigation to remove the ignorance; not sitting down with hands folded, or neglecting drugs to run after any and everything else, including many other therapeutic methods far less likely to give satisfaction, and no less open to objection.

The method of treating pneumonia that has been evolved by the employers of active principles has at least given them satisfaction; and the tendency to enthusiasm on the part of many of these practicians is a phenomenon whose cause will bear investigation. Put aside the bias of prejudice and ask yourself if it is likely that failure engenders confidence in supposably reasonable beings.

Commence treatment of pneumonia by thoroughly emptying the bowels and disinfecting them. A grain of calomel and half a grain of podophyllin or of jalapin, in six half-hourly doses, followed by a sufficiency of saline laxative, will accomplish the first part of this task; five grains of the compound sulphocarbolates will do the rest—repeated every two hours till the stools are odorless. This therapeusis is based on the fact that decomposition and absorption of the feces is extremely rapid in fevers, and the re-

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Neuralgia: Zinc and other valerianates for uterine, ovarian, nervous, hysteric women, facials, reflexed forms; to fullest effect.

Neuralgia: Give zinc valerianate, gr. 1-6 in hot water every ten minutes, till relief has been secured; or a grain at bedtime.

sultant autotoxemia is a dangerous element in the prognosis.

Without waiting for these remedies we begin at once on the main attack. This is directed against the primary vasomotor disturbance—the hyperemia of the pulmonary capillaries. If this be quelled there will be no second stage of effusion, no diapedesis, etc. Recognizing that the surplus of blood here means a corresponding scarcity elsewhere we give digitalin to contract the swollen pulmonary vessels and aconitine to relax the spastic vessels elsewhere; a granule of each every half to one hour until the effects are evident and satisfactory.

To these we add a granule of veratrine if the pulse be full and bounding, the elimination defective, the case sthenic; or one of strychnine if the case be asthenic, the patient below par, reaction deficient and the heart struggling with a load beyond its strength. As the conditions change we change with them, between these two variants, adhering throughout to the basal aconitine and digitalin, always indicated. Other remedies may be needed from time to time for special indications — emetine to loosen dry cough; codeine to moderate unnecessary and injurious cough; sanguinarine in the aged to stimulate the bronchi to throw off retained sputa; calx iodata in the declining stages to favor liquefaction of exudate; etc.

There is much in the regulation of the sick-room, the maintenance of an equable temperature, the avoidance of irritation, the use of a diet nutritious, easy of digestion and small of bulk, with a minimum of fluids; the use of a cotton jacket, and when needed of iodine to the chest; the maintenance of the aseptic state of the bowels secured as described. If oppression is marked the fluids of the body may be reduced by small enemas of saturated salt solution, or of glycerin; either of which will drain away large quantities of water, relieving the heart of that much of its burden without lessening the strength.

There is very much in closely watching the symptoms and being ready with the remedy when needed. For instance, when the right heart is laboring and falling behind, but no addition can be made to the digitalin without unduly contracting the arterioles and thus adding to the heart's difficulties, we meet the need with a physiologic dosage of convallamarin, which acts specially in increasing the force of the right ventricle. If the sputum is so stiff that it offers a source of irritation and danger by clinging to the bronchial walls and refusing to be dislodged without excessive expenditure of force, the use of alkalies in full dose gives relief. Many such indications might be cited as appearing with more or less frequency, but these are familiar to the physician who knows practical therapeutics of the drug variety.

An acute observer, Dr. W. H. Birchmore, of New York, has recently promulgated the theory that there are at least three diseases embraced at present under the name of pneumonia. He distinguishes these as presenting primarily the conditions of vasomotor perturbation, of red softening and of gray softening. Of the first group nearly 90 per cent recovered—in fact he terms these cases abortive. Of the red softening cases 58 per cent recovered, and of the gray less than 5 per cent; the deaths numbering 122 out of 128 cases. The latter

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Neuralgia: Ergotin gr. 3 for obstinate gastralgias and other visceral forms with abdominal pulsation; single daily dose.

Neuralgia: Eyeball pains may subside under the instillation of eserine solutions; or internally for cases with dilated pupils.

comprises the asthenic cases met in the city slums, and especially those contracted while traveling. The onset is insidious, the symptoms apparently inconsiderable at first, but the progress downward is steady and almost invariable. This tallies with the newspaper accounts of Marshall Field's case. It would be well if this differentiation were studied and statistics kept; also, we look to the bacteriologist to tell us of the infecting organisms, and especially if the influenza bacillus, joins the pneumococcus in the attack in this dangerous form. But in my own practice I have had a fair proportion of asthenic cases of pneumonia and have found them amenable to the treatment above described. The following schematic resume of the treatment may fix it more firmly in the memory.

Dominant

Aconitine
Digitalin for vasomotor perturbation

Variants

Veratrine for sthenia and deficient elimination
Strychnine for asthenia
Calomel, Jalapin } to empty bowels
Saline laxative to flush alimentary canal
Sulphocarbolates to disinfect bowels and prevent autotoxemia
Emetine for dry cough
Codeine for irritative cough
Sanguinarine to stimulate deficient bronchial sensation
Calx iodata to stimulate exudate liquefaction and absorption
Exosmotic enemas to drain away fluids
Convallamarin to strengthen right heart
Alkalies to soften sticky sputa
Bryonin for pleural pain or effusion
Zinc phosphide for typhoid depression
Atropine to check secretion
Berberine to contract relaxed connective tissue in late stages
Capsicum to arouse vital resistance in alcoholics
Cocaine for alcoholics' delirium
Hyoscine for delirium and insomnia
Ergotin for hemoptysis
Arsenic for delayed recovery after fever
Asclepidin for pleuritic pain

VERBENA HASTATA IN THE TREATMENT OF EPILEPSY.

BY J. M. FRENCH, M. D.

VERBENA hastata, common or blue vervain, natural order Verbenaceae, is a perennial herb, growing from three to six feet in height, having composite, lance-oblong leaves, and small blue flowers arranged in corymbed or panicled spikes. It is indigenous in the United States, and is widely distributed throughout the country, growing commonly by the roadsides and in waste places, and flowering from June to September. The parts used in medicine are the leaves and the root, of which the root is the more active, and is of a faintly bitter, somewhat astringent, slightly nauseous taste.

Up to a comparatively recent date, our knowledge of the medicinal properties of

Neuralgia: Many headaches are relieved by cannabis, which is a useful addition to any combination to break up attacks.

Neuralgia: Anemics all require arsenate of iron in the intervals; it may increase the pain if given during paroxysms.

verbena was derived mainly or wholly from the eclectric branch of the profession and the herbalists. To this day, no account of it is to be found in the standard works of the regular school, though it is used by a considerable number of practitioners of this school.

The older authorities classed it as a tonic, emetic, expectorant, and sudorific, and recommended it as useful in intermittent fevers, colds, obstructed menstruation, and in cases of debility and anorexia occurring during convalescence from acute diseases. They also consider it of value in scrofula, visceral obstructions, and worms.

Dr. J. M. Scudder says that it relieves irritation of the stomach and intestinal canal, and promotes digestion and secretion.

Dr. E. W. Paine states that it has been used with good results in rheumatism, gout and piles.

Dr. E. Day, of Great Tower, Ill., advocates its use for the cure of intermittent and remittent fevers, and also for the opium habit.

Dr. John W. Fyfe, in his Essentials of Modern Materia Medica and Therapeutics, considers that it is specifically indicated in many cases of epilepsy, obstructed menstruation, and acute catarrhal conditions.

Dr. S. M. Griffen, in a paper read before the Homeopathic Medical Society of the State of New York, advocates the use of an infusion of verbena as a specific in ivy poisoning; and his claims are corroborated by Dr. Charles Lloyd, in an article in the *Eclectic Review* for May 15, 1904. This latter writer, however, prefers the tincture to the infusion, and this he uses both internally and locally.

Dr. Henry G. Piffard, in his Materia Medica and Therapeutics of Skin Diseases, recommends a tincture of the leaves and fresh plant for alopecia, used locally; while internally he uses it for swollen glands, and in severe headaches with sharp, ringing pains.

Felter and Lloyd describe it as tonic, emetic, expectorant, and sudorific in small doses relieving gastric irritation, and like other diaphoretics useful in intermittents, and to break up colds and restore menstruation when stopped as the result of taking cold.

Considerable interest has been aroused within a few years past in reference to its use in epilepsy. Some time in the late '90s, Dr. H. D. Fair of Muncie, Indiana, announced in the columns of The Alkaloidal Clinic that he had found verbena remarkably effective as a remedy for epilepsy. Soon after this, Prof. G. H. French of Carbondale, Ill. reported that he had learned that the plant possessed some reputation among the laity in this disease, and that he had tried it with success in some cases. As a result of these reports, the remedy was used by a large number of physicians in all parts of the country, many of whom reported their results in the Clinic. The particular preparation at first made use of was the tincture of verbena, but a concentration, verbenin, was soon afterwards prepared by The Abbott Alkaloidal Company, each grain of which represented forty grains of the crude drug, and this was afterwards used in nearly all cases. The concurrent testimony of these observers seems to be that verbena does possess marked vir-

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Neuralgia: Sciatica, cervicobrachials, all deep-seated forms, respond to hypos of caffeine, gr. 3, with soda salicylate.

Neuralgia: Cocaine relieves habit stoppers and emotional forms, but should be cut out of the mat. med. of the neurotic.

tues in the treatment of this disease, curing some cases, or at least greatly benefiting them, while others were not helped in any way by its use. Its action is said to resemble in some degree that of passiflora incarnata, and it is indicated in states of nervous tension, mental exhaustion, and insomnia, acting as a soporific, antispasmodic, and sedative. These properties differ widely from those for which it was used by the herbalists—so widely, indeed, as to suggest the question as to whether verbena may not be another of the many drugs whose reputation depends more upon the lively imagination of the user, than upon any important property of the drug itself.

It was the use of the drug in epilepsy which first drew my attention to it, and led me to give it a trial. I did this in the belief that any drug or other agent which holds out any hope, be it ever so small, in the treatment of this intractable disease, is worthy of careful consideration and trial. My present experience with it, however, is limited to two cases, and I cannot claim that it is of any value except as it is added to the wider experience of others.

The questions which I proposed to myself were these: (1) Is verbena of any value in the treatment of epilepsy? (2) If so, is it curative or only palliative? (3) How does it produce its effects, and to what class of cases is it applicable? In other words, what are its indications?

Case 1. On Nov. 7, 1902, I was called to see a woman of 60, who had been subject to attacks of epilepsy since the age of puberty, though for the most of the time the attacks had not been either very frequent or very severe. She was a woman of good heredity and excellent habits, a widow in comfortable circumstances. As a general thing she enjoyed fairly good health in other respects; but for some months previous to my first visit, she had suffered from attacks of more than the usual frequency and severity, and these had produced a greater than usual disturbance of the nervous system and had led her to seek relief by placing herself in the hands of a well-known and competent specialist in nervous diseases in the city of Boston, who gave her the compound bromide treatment.

This method has proven, we know, distinctly beneficial in some cases, but was decidedly injurious in hers. It soon became evident that the effect of the bromides upon her nervous system was very unfavorable. She suffered from the paroxysms with greater frequency than ever before, her nervous symptoms became more marked and uncontrollable, her mind was blurred and confused, and she suffered from headache, backache, derangement of the stomach and intestines, and partial suppression of urine.

It was under these conditions that I was called to see her. I spent two or three weeks in studying the case, and in trying the usual remedies, none of which seemed to benefit her. I therefore resolved to make a trial of this new remedy. On Nov. 25, I began giving her verbenin, using the 1-5 grain tablets, each of which represented eight grains of the crude drug. Of these I gave her at first one before each meal, or three tablets a day; and increased by one tablet a day, until she was taking eighteen tablets a day.

Neuralgia: Before giving the powerful narcotics in depressed cases, try a few doses of cypripedin, gr. 1 hourly in hot water.

Neuralgia: In depressed forms try cypripedin or scutellarin a grain of either every hour in hot water till relieved.

I also regulated her diet quite strictly, limiting the amount of food to the needs of the system, and directing her to avoid nitrogenous food, not wholly but largely. I also ordered her to avoid the use of salt as a condiment, substituting therefor sodium bromide. It soon became evident that even this small amount of bromide was injurious to her, and thereafter she did without salt or any substitute as a condiment, but I did not require her to have her food especially prepared without salt, but allowed her to partake of food from the common table. The change was distinctly beneficial to her, and she has ever since continued the practice. The bowels were kept active by means of a laxative diet so far as possible, and then by the use of cascara tablets. Elimination by the kidneys was promoted by the use of lithia tablets, one in half a glass of water two or three times a day as needed. Moderate exercise was encouraged, but all violent exertion, either of body or mind, was strictly forbidden. Other remedies were used as needed for special symptoms, but this was the dominant treatment. The patient had more than the usual intelligence, and gave me her full and hearty cooperation in the endeavor to cope with and overcome the serious symptoms which mark this disease.

On February 11, 1903, she had two light attacks. From that time until the Christmas holidays of 1904, a period of about twenty-two months, she was entirely free from the attacks, and her general health was greatly improved. The confusion of mind, the nervous weakness, the annoying headache, backache, and muscular weakness, had entirely disappeared, and the kidneys and bowels were acting properly, so I felt encouraged.

But alas! after all this time, came a reminder of the oft-learned lesson, that while temporary improvement in a case of epilepsy is not uncommon, its permanent cure is almost unheard of. At the Christmas season she was engaged in church work, making preparation for celebrating the glad day. As chairman of a committee of ladies, she was subject to much responsibility and nervous strain—and the result was disastrous. I say the result, and yet who can tell? It may be that the outcome would have been the same if she had not been subject to these untoward circumstances. However that may have been, she did under these circumstances have several not very severe epileptic attacks, and became very much discouraged. This made the matter still worse, and I was under the necessity of casting about to find something to take the place of verbenin. This I finally found in specific solanum, which she began taking about the first of March, and continued for one month only. During this time she became worse than at any time during my treatment of her, and about the close of the month had one of the worst attacks she ever had, in which she fell, and sustained severe injury. Her head became dizzy, her mind confused, and all the worst symptoms recurred.

So there seemed nothing to do but to go back to verbenin, which evidently agreed with her better than anything else that had been tried. She has now been taking this for about six months, and during the first three she had several returns of the attacks, though none of them were as severe as those she had while taking solanum. For the last

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Neuralgia: The strongest remedy is not always the most appropriate; even though we do favor taking obstinate cases by storm.

Neuralgia: Whatever else is given, add glonoin to get quicker action; it also relaxes spasm as in angina pectoris.

three months she has been free from them, and has steadily improved. I am therefore obliged, in summing up her case, to say that there has been no cure, and that the present outlook promises only palliation. There was, however, a great improvement lasting nearly two years, and it is evident that the remedy does exercise a considerable degree of control over the nervous system, and a more favorable influence in preventing the convulsions than any other drug or agent which has been tried in her case.

Case II. September 12, 1904, I began treating a young lady of 22, who had suffered from frequent epileptic attacks since she was twelve years of age. She was always a delicate child, and suffered from rachitis in early childhood. Bowels always loose, approaching diarrhea. No apparent connection between the menstrual function or the sexual organs and the epileptic attacks. Nor was it evident that they depended upon overeating or derangement of the digestive organs, though it was admitted that she sometimes had an inordinate appetite. No indication of eyestrain. The kidneys acted properly, and the urine was normal. In short, I discovered nothing to point out the cause of reflex irritation, except the possibility of seat-worms, from which she had at times suffered, though but slightly. She also had stomach worms when a child, but was not known to have had any since. Soon after she had her first attack she was taken to the Children's Hospital in Boston, and was there given a careful and thorough examination, with only negative results. Heredity—one aunt had epilepsy. She seemed bright, her head was clear, and did not ache much. She had taken much medicines of many physicians, and had last been using some kind of a bromide mixture, which seemed to have a favorable effect to some degree. The last time before I saw her, she went nine days without an attack, which was considered doing very well.

I gave her the same general directions as to diet and exercise as in the previous case, and began at once with the verbenin in increasing doses, adding the intestinal antiseptic tablet, one after each meal.

She continued this treatment for about three weeks, during which she had at least twice as many attacks as usual, and more severe. Most of the time she had two in one day, which was unusual for her. On the whole she grew decidedly worse, and I could only advise the discontinuance of the verbenin, and a return to the bromides. I further advised that she be treated for seat-worms, and this brought to light a few, but was not given soon enough or followed up long enough to settle the question of their influence in the causation of the epilepsy. She then passed out of my care, and I do not know her subsequent history.

Here then are two cases of epilepsy, with the same general lines of treatment, but quite dissimilar results. What conclusions shall we draw?

I cannot persuade myself that the entire arrest of the convulsions and the coincident general improvement, in the first case, was a mere coincidence, having no relation to the treatment, even though the results proved to be but temporary. Neither could it have been the result of any form of suggestion; for my encouragement was even less than

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Neuralgia: Glonoin relaxes spasms, as in dysmenorrhea and in cases where nephritis is present, causal or not.

Neuralgia: Many cases are uricemic as tic, and salicylic acid, gr. 1-6 every ten minutes, does good many would not expect.

had been given her by her previous physician, while his treatment resulted in positive injury. In the second case, there was not only failure to benefit, but evident retrogression; which may, however, have been due simply to the withdrawal of the bromides which she had previously been taking.

Putting my own cases alongside those of other observers, I am prepared to suggest the following tentative conclusions as my contribution to the therapy of verbenin in epilepsy:

1. Verbenin is of great value in some cases of epilepsy, while in others it is of no value whatever, and may be even injurious.

2. At the best, verbenin is palliative rather than curative— not a remedy *for* epilepsy, but a remedy *in* some cases of epilepsy. None the less it is of value, and well worth further study.

3. As to the indications for its use, I would suggest that it is of value chiefly in those cases which are characterized by cerebral anemia rather than congestion, and which consequently are not benefited by the bromides, but rather the reverse.

Milford, Massachusetts.

SELECTIVE ABSORPTION BY THE CELL.*

BY WILLIAM F. WAUGH, A. M., M. D.
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THE blood-vessels and collateral channels of the circulation carry to every part of the human body, to every cell of the countless number that makes up our frame, one common nutritive fluid. From this each cell takes up that which it needs, letting the rest pass by. But what does it need?

If the cell is exactly equilibrated, if it stands in need of nothing, it takes up nothing. But if any element for which the cell has use is present in less than normal quantity, the cell takes up enough of that element to restore physiologic equilibrium.

There is a selective power displayed here, for the cells each take up substances differing according as their respective functions and constitutions differ. Accordingly we find the nerve-cell taking up phosphorus, the bone-cell lime, the muscle-cell iron, etc. One cell takes a substance for which it has need, passing by other substances which other cells need and take. Is each cell a distinct, conscious entity, and is the selection a voluntary one? Or is the whole process governed by a wonderful system of complex, interdependent automatisms? There is here an enticing field for conjecture and card-house building, unrestrained by the trammels of real knowledge—the fancy may have full sway.

The substances thus absorbed from the circulating fluids by the cells are usually denominated foods. Foods may be defined as those substances required by the cells to support their structure and sustain their functions. The need may be for a molecule of fat, sugar, albumen, salt, acid, water, lime, soda, iodine,

*Read before the Chicago Academy of Medicine. Reprinted from the *Medical Record*, Jan. 6, 1906.

Neuralgia: Delphinine is useful for obstinate facial and cervical cases; and is well worth trying much further.

Neuralgia: Brucine for hysterics and intercostal forms, especially with nervous erethism; where strychnine is too much.

phosphorus, or any other body element.

But the need is not necessarily for material always. It may be that there is a defect in tonicity in the cell, and the need is supplied by a molecule of strychnine; and in that case the cell takes up the latter exactly as it did the other substances for which a need was experienced. Or, the need may be such as is met by a molecule of aconitine, or veratrine, or digitalin—the cell absorbs what will satisfy its needs as felt at the moment.

But, these are medicines!

I would like to have a definition of foods and one of medicines that would distinguish these. There is evidently no hard and fast line between them—is there any line at all? Is iron a food or a medicine? Lime? Manganese? Acetic acid? Phosphorus? Iodine? Potash?

It has been suggested that a food is a substance the need for which is constant, while a medicine is needed only occasionally to fulfill a temporary want. The writer, like some others, has a decided craving for a meal of sauerkraut about once in a winter; but would not care for it three days in succession (it is always best on the second day, you know). The man who attempts to eat a quail a day for forty days soon finds that his need of quail is only occasional, not constant. Sauerkraut and quail therefore are not foods but medicines!

There is no definition that establishes an essential, or other than a scholastic, difference between foods and medicines.

We have seen that each cell takes what it needs, and leaves what other cells need and take. What is there impossible then in supposing that when we place several medicines, apparently antagonistic in their action, together in the circulation, each cell may take the drug it requires to restore physiologic equilibrium, leaving the antagonistic agent unabsorbed for the cell that needs the latter? To deny the possibility of this would be to erect a dividing wall between the foods and the medicines which we have been unable to so separate.

We speak of antagonistic drugs, but in truth it is a question if there is a really and absolutely antagonistic couple in the materia medica. One drug may excite and another restrain a secretion, like the sweat; but it will be found that one stimulates the sudoriparous glands while the other restrains the flow of blood to the skin, or acts on some other structure to check the flow.

The importance of this discussion lies in the fact that when we come to study the phenomena of disease we find antagonistic conditions present in different parts of the body. Take as the most apt example the oft-quoted case of hyperemia: The presence of an over-supply of blood in the capillaries of any part signifies a loss of the normal tone of its vessels, which admit the surplus blood by distending. This constitutes a vasomotor paresis. But as there is no reason to suppose that the entire quantity of blood in the body has been increased, this over-supply here must be compensated by an under-supply elsewhere; in other words, there are other vessels not normally full, their lumen diminished, their walls therefore abnormally strong as compared with their contents, the balance between the centrifugal and centripetal pressures lost—they are spastic —vasomotor spasm is present.

Strongly favoring this view is the

Neuralgias of the fifth nerve are said to be readily subdued by copper phosphate; a salt worth investigating.

Neuralgia: Nocturnal syphilitic pains are quelled quickly by iodoform, mercury biniodide, arsenic iodide and stillingin.

fact that it fully and for the first time explains the good results following the application of diametrically opposite principles in the treatment of the hyperemic maladies. How else can we explain the excellent results obtained in pneumonia, by those who use the vasomotor constrictors, strychnine, digitalis and ergot, in maximal dosage; and the equally favorable results reported by equally credible witnesses from veratrum, venesection, antimony and aconite? Especially as either of these succeeds far better than the middle course people, who do neither but rely on rest and non-interference? According to this view the one who relaxes the spastic vessels and allows the blood to flow out of the hyperemic tract, and the one who contracts the paretic capillaries and forces the superfluous blood out, equally meet the indication and afford relief.

Burggraeve went a step further, and recommended that both principles be applied at once, taking the view above suggested, that the paretic cells could take up a tonic like digitalin or strychnine, and the spastic cells a relaxant like aconitine or veratrine, at one and the same time. If this be correct, it is evident that we have here a more effective method of treating hyperemias than either principle as applied singly affords.

The *a priori* reasoning leading up to this conclusion is faultless—it remains to apply the supreme test of clinical trial. There is a mass of evidence on the affirmative side, and little if any on the negative. But it is fortunately a case in which every physician may himself be judge and jury; where no one of us may take any other man's dictum, for we may one and all put the theory to the test of a practical clinical application.

Give together aconitine to relax spasm, and digitalin to contract atony; adding strychnine when the vital depression predominates, or veratrine when the excitement of the circulation and respiration pass the desirable limits, and the elimination is notably defective; changing from one to the other of these adjuvants as the symptoms indicate but clinging to the two first named. Give each to produce the desired effect, but not by the rigid dosage of the books. Treat the patient, and meet the conditions presenting, instead of giving a set formula for the name of the malady.

For the convenience of those unfamiliar with the agents and methods here advised, the following suggestions are added:

Of amorphous aconitine, give half a milligram, gr. 1-134, every ten to sixty minutes to an adult, until the fall of the fever or of the pulse-rate, or the evidence of breaking up of the fever, indicate a sufficiency of the remedy; then give less frequently so as to sustain the desired effect.

Of Germanic digitalin so-called—really digitalein— give a milligram, gr. 1-67, every half hour till the heart is regulated, its rhythm uniform, and the hyperemic vessels are restored to normal tone, as well as may be ascertained with our present means of observation; then regulate the dosage to the needs as with aconitine.

When the evidences of vital depression are manifest, as in asthenic pneumonias, add strychnine arsenate, half a milligram, every ten to sixty minutes until the desired evidences of restored tone and reaction are manifest; then as

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Neuralgia: Ovarian forms and sex excitement are quieted by bromides of nickel and camphor; don't overdose please.

Neuralgia: A full dose of quinine will forestall a periodic attack; small doses are useful tonics and for supraorbital cases.

before, regulate the succeeding doses according to the needs.

When the heart is tumultuous and the eliminants are clogged, as in asthenic pneumonias especially, add to the basal aconitine and digitalin the powerful and safe veratrine, half a milligram every half to one hour—much oftener in eclampsia — until the softer pulse, or slight nausea, or laxation, evidences the full desirable action; then, as before, give it less frequently. It is quite possible that we one day find veratrine indicated, and the next day find the depression so predominating that we change to strychnine; and perhaps next day go back to veratrine.

The application of such a system demands of the physician a close and discriminating study of the phenomena developing in every case. There is no prescribing *en masse,* no stretching every patient on a Procrustean therapeutics. Is such a necessity really to be regarded as an objection to the method?

What bearing would the admission of this selective action have upon the question of the status of the cell? Is the cell an independent, conscious entity, governed by its own volition, or is its function wholly directed by chemotaxis?

Let us begin with the ameba, as it is found floating free in water. Transfer it to the slide of the microscope, and we see it move, extrude its pseudopoda, etc.—an independent, complete being, its life processes and reproduction exerted by itself as a separate being and not as a part of or dependent on any other animal. There is no place at which a line can be drawn, separating these unicellular creatures governed by conscious volition, and those which are not so governed, which dividing line is natural and evident, not arbitrary.

Place beside the ameba on the microscopic slide a white blood cell; and see if the two can be distinguished. What can be said of the one that cannot apply equally to the other? They are indistinguishable in every respect.

If we cannot draw our line between the ameba and the leucocyte, still less can we draw it between the latter when floating free in the water on the microscopic slide, and when floating in the blood serum. Change of environment does not constitute a reason for transfer from one primary class to another. For the same reason we find it difficult to make the dividing line between the free leucocyte and the same cell when it has assumed a stationary position as part of an endothelial wall. Nor between that and the epithelial cell; nor that and the other cells of the body.

The hypothesis of chemotaxis seems to be generally accepted, as the preferable working one for the phenomena of cell action; but rather from an unwillingness to admit the alternative hypothesis of independent cell volition than from any special testimony. But of the two the latter seems to be at least the most convenient, since we find writers constantly employing its language to describe the conditions presenting. And this is the more significant in that it is usually done unconsciously.

In this connection permit me to quote an account given by Major Ross of a three-hours' observation of a free flagellum in a blood preparation under the microscope: "At first it wriggled about so for twenty minutes that I could hardly follow it. Then it brought up against a

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Neuralgia: Atropine hypo., gr. 1-134, relieves sciatica, lumbago and tic douloureux; it does not need morphine with it.

Neuralgia: A hard wiry pulse, throbbing head, congestion, from colds, or stopped flows, needs just enough aconitine.

phagocyte and remained there so long that I thought the phagocyte had seized it. Not so; it was neither killed nor sucked in, but was actively engaged in attacking the phagocyte. The flagellum kept at this for a quarter of an hour, and then wriggled away in the direction of another phagocyte. Into this second phagocyte it pushed in several places with one of its ends, and the phagocyte seemed to rear up and try in vain to get around and envelop the flagellum. At last the phagocyte seemed to give up the struggle and flattened itself against an air bubble, the flagellum still attacking it. After fifty minutes and when the flagellum seemed to be getting exhausted, a very curious thing happened. A third phagocyte approached, coming rapidly across the field, but it had no sooner got near than the flagellum left its fallen foe and attacked the new one, holding on to it like a snake on a dog. In one minute the third phagocyte turned sharply around and made off; it went across a whole field, the flagellum holding onto it. This continued for five minutes, after which the flagellum left the phagocyte. By this time the flagellum had become more visible, its movements became gradually slower until, at the end of three hours, it finally curled up and ceased to move."

Chicago, Illinois.

ALKALOIDAL THERAPY IN ARTERIOSCLEROSIS.*

BY DR. E. MONIN.

THE sclerosis of the arteries makes always its first appearance by an invasion of the visceral arterioles, especially those of the kidneys, the brain, the heart, and the liver. This necessitates naturally perturbations of those organs. How often are not various visceropathies, or ill-defined chronic malconditions responsible for sclerosis of the arteries even in young individuals too!

The lesional condition of this disease is clearly referable to arthritism, to a retarded nutrition, the so-called bradytrophy, and it is on this account that arteriosclerosis so readily coincides with gout, rheumatism, obesity, and diabetes. Then again there are the acute infections, as grippe, and typhoid, or chronic affections such as syphilis, the intoxications of alcohol, tobacco, lead, alimentary toxins, and the like, which are in the habit, perhaps on account of a concomitant microbic action, of precipitating on the arteries the sclerotic trouble, which is inevitably produced by a wearing out of the vital powers.

No trouble hastens more the process of decay, of senility, of the general misery of the economy, than arteriosclerosis. When Cazelis pronounced half a century since his celebrated aphorism, "a person is just as old as his arteries," he foresaw this dystrophy of internal vascular irritation, which results from progressive atheromatous thickening tending to the obliteration of the arterioles.

Among the symptoms that are imputed to arteriosclerosis, figure prominently: Dyspnea, sternalgia, gastrodynia, palpitation, physico-mental instability, swelling and redness of face after dinner to-

*From *La Dosimetrie*. Translated by Dr. Epstein.

Neuralgia: Periodic forms are amenable to aconitine and quinine arsenate in small doses repeated hourly to desired effect.

Neuralgia: Atropine is the king of spasmodic pains—sciatica, uterine, spinal, ovarian, intercostal, tic,—about all sorts.

gether with somnolence. The arteries are hard and tense, beat violently and quick. Cardiac auscultation perceives a diastolic re-echo at the aortic orifice. The urine is ordinarily abundant, limpid, and slightly albuminous. The head feels heavy, some vertigo, and there is frequently mental debility.

These symptoms creep on slowly, and the physician has to institute a vigorous, and relatively fruitful treatment.

There is a certain degree of paresis of the inferior extremities with a tendency to contractions and cramps, dull or contusive erratic pains in the masses of muscles, and exaggeration of the patellar reflexes. There are, moreover, symptoms which seem connected frequently with the loss of elasticity of the arterial walls. Other symptoms are flaccid and frequently swollen features of the face; the patient complains of some nose-bleeding; his nails become striated, thickened, deformed and brittle, especially those of the toes. We also notice alternations of constipation and diarrhea, hemorrhoidal fluxes and congestive attacks of liver and kidneys. It is also noticeable that the night rest becomes rather a cause of feebleness; the arteriosclerotic declares himself rather more fatigued on rising from than at going to sleep, principally on account of the toxemia which supervenes during bodily inactivity and sleep.

All severe diseases have their frontiers, their condition as it were in miniature; they are preceded by a sort of a visiting card. The premonitory period of atheroma, a presclerosis, is not the disease yet, and has to be regarded as a mere functional disturbance, without any material lesion. Here is a fruitful idea from a curative view point, and especially from that of prophylaxis. This we owe to Huchard. It is the functional hypertension of the arteries, which, neglected or badly attended to at its first appearance, forms the foundation for the sclerosis of the arteries. Has not Jousé reproduced atheromatous lesions in animals by repeated injections of adrenalin, thus creating an arterial hypertension? Conversely it happens to us every day that we check the march of very severe diseases, such as interstitial nephritis, hemorrhage and softening of the brain, by striving systematically to reduce arterial pressure in the patient.

I think we give too little consideration to the action of the purins, the xanthic bases, in the pathogeny of hypertension. Gouty persons who manufacture readily xanthin, hypoxanthin, adenin, guanin, etc., have always a hypertension pulse. Then again the hypertension value of caffeine, theobromine, theophilin, (theocin), and matein, all of them vegetable bases of the xanthin series, and well represented in our stenol (a French unofficial remedy), go far in support of this plausible hypothesis. No one denies the bad action on the vascular epithelium habitually produced by the uric, lactic, and oxalic acids of arthritic patients. Urea too when thrown in too great quantities into the blood current augments the blood mass and raises the pressure. The saline hydration of the blood by the retention of chlorides seems also to be due to an analogous force. These ideas explain to us the favorable action a milk diet has on arthritics of high arterial tension, in whom it facilitates the elimination of nitrogen by the urine, the drainage of the chlorides, the lixiviation of

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Myelitis: No part of the system is more amenable to the influence of toxic blood than the delicate nervous tissue.

Myelitis: In all forms our therapy begins with the bowels—don't go too far and say that it ends there; we do not.

the purins and the neutralization of acids.

To reduce the arterial pressure and to combat functional hypertension in the first stage of arteriosclerosis I recommend the granules of potassium iodide, and of iodoform, six of each repeated three times a day after meals, with an interruption of one week every month. Under their influence we shall see that with the cessation of hypertension there will also be a cessation of the intermitting, limping, of the heart, and a diminution little by little of the viscosity of the blood by reason of an osmotic modification of the globules which will facilitate the circulation. It is to be understood that iodotherapy acts only after a long time, and can be carried on long without iodism by adding benzoates and salicylates, especially benzoate of lithia, which favor toleration of iodine.

Trinitrin, veratrine, tetranitrol, and other hypotensors will be most useful against vascular troubles. Arsenate of strychnine and strophanthin, two granules of each after meals, will prevent depression of the cardiocirculatory center, improve ventricular activity and stimulate diuresis without irritating the renal epithelia. In rheumatic and gouty persons I prefer the more the sparteine granules, ten *pro die* which regulate very well the cardiac rhythm, or the compound antiarthritic granules which have the triple virtues of an anodyne, decongestion, and antipyretic. They consist of colchicine one milligram, and half a milligram each of aconitine, digitalin, and strychnine.

[This corresponds somewhat to the antirheumatic granule, consisting of colchicine, aconitine, digitalin, and strychnine arsenate of each gr. 1-134. — Translator.]

Of late years some prefer Trunecek's serum against sclerosis, which is well known not to retrograde the sclerotic lesion, and which iodine is well known to do. This serum may possibly relieve certain symptoms and allay certain disorders which are connected with neurasthenia, through an irregular irrigation of some nerve centers, such as cause dyspnea, cardiac oppression, sensation, motion, and psychoses. But to be honest, we must confess that nearly all sera are pretty nearly capable of doing the same, and that there is no specific or even special action about the hypodermic of this serum.

If arteriosclerotics aggravate their cases so as nearly to succumb prematurely, it is because they do not know their condition, and either will not or cannot adopt a regime of life which is indispensable for the prolongation of their life and usefulness. This regime consists first of all to avoid all excess of eating and drinking in order to avoid plethora and vascular tension which is always the result of over alimentation. The patients should also abstain from foods which are capable of increasing the urates and toxins; bouillons and extracts of meat which are rich in hypoxanthin; sweetbread, brain, liver, kidneys, shell-fish, the milt and roe of fishes, which are rich in nucleins; dark meat, game; preserves, pickles and marinates; fermentable pork-meats, which are surcharged with toxins; acid vegetables; spices, condiments, fermenting cheese; alcoholic beverages; tea, coffee, coca, tobacco, whose action on the coronary

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Myelitis: When syphilis has been the exciting cause it is too late for mercury when we can recognize the disease.

Myelitis: Clean and disinfect bowels; eliminate toxins; feed the feeble tissues; arouse languid nerves to activity.

plexus of arthritics is so very damaging.

Arteriosclerosis so far as the lesion is concerned seems to resemble the exaggerated production of sulphuric acid from an intense carnivorous diet. The antidote to this is therefore an alkaline lacto-vegetarian diet, above all a simplified *cuisine,* one that is alone compatible with true moderation, all refined regouts leading to intemperance and inflaming an exaggerated sense of taste.

Milk must not be consumed in the natural liquid state, which increases its fermentation almost always. It should be taken in the form of thickened gruel, or turned cream. Eggs should be eaten soft boiled; meat should be fresh, tender, well cooked and gelatinous; fowls and fish should be quite fresh and the white meat of it eaten; green vegetables should be very well cooked and not in fat; fruit should be well ripened, or made into stews; bread should be well done and stale; beverages should be watery, wines should be white; beers should be diluted with feeble alkaline waters. This is a resume of the diet. Meat should be taken once a day—at the noon meal.

The arteriosclerotic must avoid physical efforts and lively moral emotions, the consequent cardiovascular relaxation of which is always bad for him. He should combat constipation with enemas and saline laxatives, which is not limited to regulate the evacuations from the bowels, but stimulates diuresis also and depuration, and counteracts abdominal plethora. It is well for him to take one or two cups, of a hot infusion, together with some ureol (urotropin with the benzoates of sodium and lithium) to stimulate the indispensable elimination of uric acid and urates. Exercise should be taken moderately, and always in the open air, avoiding however the sea and altitudes. Dry frictions, baths, massage, the static or the high frequency current are also frequently necessary to accelerate the metabolic combustion and assure a perfect equilibrium of the nutrition and a reasonable balance of the income and expenditures of the economy.

Paris, France.

EXTRAVAGANT CLAIMS FOR HYOSCINE IN THE TREATMENT OF DRUG ADDICTIONS.

BY GEO. E. PETTEY, M. D.

QUITE a number of articles have appeared in medical literature during the last few years advocating the use of hyoscine in the treatment of the morphine and other drug addictions. Some of these have advised its use in such large and frequently-repeated doses as to make one familiar with the effects of this drug shudder to thing of the distressing condition the patient must be brought into by such excessive use of so powerful an agent.

Some of these writers have made the most extravagant claims for this remedy, some claiming it to be an antidote for morphine, others that its use in connection with morphine prevents the formation of an addiction, others, that it is a specific cure for the morphine addiction and that, by its use, the worst

Myelitis: Twitching is stopped and sleep secured best by hyoscine hydrobromide in full dose at bedtime; gr.1-100average. Hypo.

Myelitis: Watch the urine closely; sustain elimination; arbutin aids much in keeping away cystitis or curing it here.

cases may be cured within a few days' time.

An article appeared in the July number of the *California State Medical Journal,* by Dr. Bering of Tulare, that may be cited as an example. He gives the clinical notes of four cases, the third and fourth of which are as follows:

Case III. "Morphine habitue, using 20 grains morphine and 20 grains cocaine daily for a period of years, was given sixty-five one-hundredth grain doses of hyoscine during a period of two and a half days. He was discharged cured, having no desire for either drug. Pulse remained good during treatment."

Case IV. "Patient using a large quantity of morphine and cocaine daily, was treated for three days and discharged cured."

When one reads such statements as these in first class medical journals, it makes him wonder whether the days of the miraculous cure of disease have really returned. In the writer's experience, the cure of the morphine addiction in a few days is like "learning German in ten lessons." Patients who are given such a course of treatment and discharged *cured* at the end of a few days' time find that they have about as much to contend with after their *cure* as before it, just as the would-be German scholar finds that after his ten lessons he has very much more to learn than he thought he had at the beginning. It is evident that the word cure as used by these gentlemen does not mean what it is ordinarily understood to mean. There is much more involved in the cure of a case of morphinism than can be done in a few days' time with any course of treatment, however perfect it may be. In addition to the drug intoxication from which the patient is suffering, the system is surcharged with poisons, both of excrementitious and autotoxic origin. The functional activity of all the excretory, secretory and digestive organs is impaired. The blood changes are marked, the red corpuscles greatly diminished, the white correspondingly increased, patient profoundly anemic, muscles flabby and relaxed, nervous system deranged to a marked degree, mental activity impaired; in fact, the patient is greatly below par in every respect.

We are free to confess that we are old-fashioned enough to believe that in the treatment of this or any other disease it is still necessary to conform to well established physiological laws rather than to depend upon some miraculous agency to transform our patient from disease to health, therefore we do not believe that these markedly deranged conditions can be corrected in a few days' time to such a degree as to justify the patient's being discharged as cured.

The administration of sixty-five 1-100 grain doses of hyoscine in two and one-half days—a little over 1-100-grain every hour—is excessive medication and would be dangerous in many cases. I do not wish to be understood as condemning the use of hyoscine in the treatment of these addictions, because it is a remedy of great value, but it has its limitation as well as its uses. *It does not cure the morphine addiction,* as is claimed by some who advocate its use with the rashness of a new convert, but it does fill one of the most important indications in the treatment of such cases. *When properly used, after the patient is prepared for it,* it serves to carry him in

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Myelitis: Be cautious but decisive if you apply cold or heat to the spine; do the right thing only but do it strongly.

Myelitis: Of counterirritants the best is lunar caustic drawn from end to end of the spinal cord; dry eschars, deep effect.

comfort over a period during which he would otherwise suffer intensely. If the withdrawal of the opiate were all that is involved in the cure of these addictions, hyoscine might be regarded as a cure for them, but that is not all. The physician deceives himself if he thinks that merely because the opiate has been withdrawn by the aid of hyoscine and the patient has reached a stage where the administration of either drug is not longer imperative, that he is cured. He is still very weak, anemic and nervous, his system is still in a toxic condition, less so than in the beginning, but still sufficiently so to cause an elevation in the temperature of from one to three degrees, attended by aching of the limbs and back, exaggerated nervous reflexes and various other unpleasant symptoms and unless he has had something more than hyoscine given him to cure his addiction, he will soon have a diarrhea that will tax his endurance to the limit if it does not force his return to the use of the opiate.

There are several institutions in this country which depend upon hyoscine to cure their patients. These make the most wonderful claims for hyoscine, or rather for their particular combination, which in fact is nothing more nor less than hyoscine. They regard the withdrawal of the opiate as all that is involved in the treatment of these addictions and insist upon discharging their patients within eight days from the beginning of the treatment. In almost every instance such patients find that they have so many complications to contend with and are so poorly prepared to make such a fight that they soon give up in despair and return to the use of the opiate. Many cases have come under my care with such a history.

In the very best hands, all that can be done for a patient of this class during the first week of treatment is to clear the system of retained excrement and thus remove the source of auto-intoxication, partially cleanse the system of ptomains and other poisons of auto-origin, withdraw the opiate and bring the patient to a condition where its use is no longer a necessity. When this is done, the patient is not cured; he has only reached a point where convalescence may set in. Such a patient needs medical supervision, discipline and moral support as badly during the period of convalescence as he needed active treatment before that stage was reached.

Fortunately, such patients convalesce rapidly. They eat heartily, digest and assimilate a large quantity of food and take on flesh rapidly. If a wise supervision is exercised over them and they are required to carry out a physiological course of physical training, so as to develop all the newly acquired flesh into stout muscular fiber and tone up what they already have, in many instances convalescence may be advanced to a wonderful degree within the first thirty days. In thirty days more such a patient should be as stout as he ever was. When such a physical condition has been reached, with a corresponding improvement in the mental condition, and the patient has been off his drug and all substitutes for it for a period of thirty to sixty days, he may be discharged as cured, but I do not think the word cure should be used to mean less than that.

Some physicians who treat these cases by reduction insist upon a period of

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Neuralgia: Many cases need veratrine to eliminate, for hypertrophy or over-heart-action, tight pulse, or convulsions.

Neuralgia: The master hand is seen in using veratrine when relaxation and elimination are needed instead of anodynes.

treatment and personal supervision of from six to twelve months. I think such a protracted course of treatment is as much an extreme in the other direction as the few days' term is with those we have above considered. In the cure of these addictions, it is not only necessary to take the patient off the drug and put him in good physicial condition, but, if he is to be permanently cured he must be made independent of all drugs. During a long course of treatment, supervision and at least partial restraint, the patient does not develop independence or self-reliance, but continues to depend upon his physician and upon the remedies he is taking. His volition is restricted and his own will is not the controlling force from which his conduct springs. In fact, a protracted course of treatment, supervision and restraint in patients of this class who are already abject slaves to a drug, tends to perpetuate a condition of invalidism and dependence from which the patient seems powerless to extricate himself.

In my experience, patients of this class who have been taken off their drug by a proper method and have been developed into good physical condition, as rapidly as it may be done, are in safer condition to be thrown on their own resources by the end of six to eight weeks after the drug is withdrawn than they are if kept under treatment and restraint longer. At this period, time has not materially obliterated the memory of their former abject slavery, they are supremely happy in the realization of their freedom, in contemplating the desirable things that life may have in store for them since they have another opportunity to enter upon their acquisition. They are full of hope, bouyancy and ambition; the world and all that is in it presents to them a new and bright aspect. At this floodtide they are in a better condition to be thrown on their own resources and to establish themselves securely in a safe relationship to all things that might tempt them than they are if kept under restrictions until this tide begins to ebb.

To those who are seeking the truth in this matter I would say: Do not accept the miraculous claims of the three-day cure men on the one hand, neither swing to the standard of those who insist upon a period of from six to twelve months' treatment and restraint. There is a middle ground, a reasonable position, where the truth may be found. Remember that miracles are not to be expected and that restraint does not develop the self-reliance, upon which the patient must finally depend and without which man is mere driftwood.

Memphis, Tennessee.

THE THYROID GLAND.

BY H. D. CHAMPLIN, A. B., M. D.

THERE is nothing new under the sun," and the use of the "animal organs" in the practice of medicine dates from the earliest times: Plinius states that the Romans and Greeks used the testicles of asses and even the semen for impotence. Spiders have from time immemorial been utilized, and in West Sussex, England, even today some of the old prac-

Neuralgia: Visceral forms, sexual and other excess cases, do well on strychnine valerianate pushed carefully to full effect.

Neuralgia: Strychnine is the best all-round remedy to give in the intervals to prevent recurrence and for relaxation.

ticians in bad cases of jaundice prescribe a live spider rolled up in butter and swallowed as a pill.

The Albanians use the testicles of the deer for amenorrhea and in the sixteenth century Paracelsus recommended the spleen for the same condition. Dried mouse and lizard are common remedies among the Chinese physicians, and to antidote snake bites the native African has recourse to the liver of snakes externally as well as internally.

Galen and Avicenna secured greater professional repute as successful physicians than is possible in our period, and, were their famous prescriptions to be given now, it seems quite certain that more patients would succumb than receive benefit from their use. Yet in their time these prescriptions were employed with seemingly marvelous success. Do these facts suggest an absence of stability of medication, or only the presence of its fallacies?

In the second edition of a small book published in 1692, denominated the "Choice of Remedies," is found this prescription for "Convulsive Fits" and "Hysterical Vapors": "Take the liver of a hare (if it has been hunted it may be better) and hang it up in a dry place till it is somewhat friable, having a care that it is not putrific; of this, reduced to powder, let the patient take two or three scruples at a time, in any convenient vehicle." Also we find another for cure for cancer of the breast: "Take the warts that grow on the hinder legs of a horse, dry them gently till you can reduce them to powder, of which you may give half a dram for a dose in any convenient vehicle.

In modern times Brown-Sequard has done some interesting and scientific work along the line of organo-therapy, and although the laugh of derision, and much sarcasm followed the suggestion of using "testicular juice" for rejuvenating "senile fossils" and "human archeological specimens," yet today we find medical literature flooded with testimonials and statements of wonderful cures of "tabes" from the use of "goat orchitic extract." But through the work of so eminent a scientist as Brown-Sequard others began to make investigations along the same lines and today we have two glands —the thyroid and the adrenals which have taken their place in our materia medica.

Time, further experimentation and careful scientific work may prove the value of such glands as the pituitary, the ovaries, the thymus, the brain and spinal cord, the parotid, the liver, kidneys, lymphatic glands and the mammary.

The thyroid gland has proved to be of the greatest importance as a regulator of the general metabolism, interference with its function producing cretinism, infantilism, myxedema and Basedow's disease.

DEVELOPMENT AND STRUCTURE.

The thyroid gland is developed in the human embryo in three parts; one median and two lateral.

The median is an invagination of the floor of the pharynx, and is formed between the ventral ends of the second visceral arches.

The two lateral are developed from the posterior wall of the fourth visceral cleft. The union of the three takes place about the seventh week. The important fact impressed upon us is that the thyroid

Neuralgia: Arsenic is useful to break up the habit of pain; and in various forms for many varieties and indications.

Neuralgia: Quinine arsenate is a good tonic and for malarial forms, supraorbitals, give up to a grain a day or more.

gland is developed primarily as an outgrowth of the pharyngeal hypoblast, and in some lower animals this connection with the pharynx is still maintained.

Andriezen (*British Med. Journal*, September 23, 1893) calls attention to the fact that the thyroid gland is represented in Ascidians (pitcher plants) by a mass of glandular tissue and in Amphioxus (fish tapering at both ends; viz., the lancelot) by a hypobronchial organ which pours its secretion directly into the pharynx.

In higher forms (such as fishes) the gland is embedded in the surrounding tissues, but the duct which communicates with the pharynx still remains. Thus both the ontogenetic and phylogenetic histories clearly show that the gland as we now find it in man is descended from the secretory gland which originally was provided with a duct through which the secretion passed into the pharynx, just as the secretion of the salivary glands still flows into the mouth.

From this we can easily deduce the explanation why the activity of the thyroid secretion is not destroyed by passing through the stomach, but can still produce all its usual physiological effects when swallowed and absorbed from the alimentary canal, as it was in all probability by our remote ancestors.

This mode of evolution seems to indicate that the ductless gland with an internal secretion is a higher stage of development of a duct gland with an external secretion.

The fully developed gland is highly vascular and consists of three parts; two lateral lobes and the isthmus which unites them; the two lobes are closely applied to the sides of the larynx, and trachea, covering the recurrent laryngeal nerves posteriorly; and are covered anteriorly by the sternohyoid, omohyoid and the sternothyroid muscles. Latterly they extend outward and cover the carotid arteries. These lateral lobes are somewhat almond shaped, being more pointed and narrower at the upper end. The lower end lies on the fifth or sixth ring of the trachea, while the upper is generally on a level with the middle of the thyroid cartilage. The isthmus usually lies across the second and third rings of the trachea.

In many cases (40 to 68 per cent) a slender conical process ascends upward from the isthmus to the hyoid bone, to which it is attached by fibrous or muscular tissue and is designated the pyramid or middle lobe. When freshly removed the gland is of a dark red-brown color. It usually weighs from an ounce to an ounce and a half. Each lobe measures about two inches long (50 mm.) and an inch and a quarter broad (30 mm.) and three-quarters of an inch deep (18 mm.) The right is generally a little larger than the left. The isthmus is about one-half an inch broad (12 mm.) and from a quarter to three-quarters of an inch deep. Anomalies of the gland are common, viz., inequality in size between lobes, absence of one lobe, and irregularity and absence of isthmus, etc. The gland appears to be smaller in females than males, increasing in size during pregnancy and menstruation.

The blood supply is rich, being poured into the gland through the superior and inferior thyroid arteries on each side (from external carotid and subclavian) and sometimes the thyroidea ima (from the arch of the aorta). These arteries

Neuralgia: Arsenic iodide is the remedy for intervals of angina pectoris; gr. 1-67 four times a day for six to twelve months.

Neuralgia: The neuralgias of frigid, anemic, amenorrheic women are helped by iron arsenate, gr. 1-6 four times a day.

are very tortuous and are remarkable for their anastomoses and large size, and finally end in a capillary network closely surrounding each alveolus. The capillaries come into close relationship with the epithelial cells.

The veins form a plexus in front of the trachea, from which, on uniting they form the superior, middle and inferior thyroid veins on each side. The two first empty into the internal jugular, the latter into the innominate veins. The nerves are derived from the middle and inferior cervical sympathetic ganglia and accompany the blood vessels. The lymphatics form numerous large anastomosing trunks in the substance of the gland and also upon its surface. They originate in the connective tissue; colloid substance is at times found in them.

HISTOLOGY.

Externally the gland is invested by a firm fibrous capsule which connects it with the adjacent parts, from which septa extend inward, partially dividing it into small lobules of irregular form and size. Upon division a yellow glossy fluid, colloid, exudes from the cut surface. In its substance are imbedded multitudes of closer vesicles which vary in size and shape. In the great majority of the vesicles, there is a single layer of cubical or columnar epithelial cells, surrounding a central area filled with their secretion, the colloid substance.

Two kinds of cells are found in the epithelium, the chief cells and the colloid cells. The chief cells are the most numerous and contain highly refractive bodies which Bozzi considers to be colloid substance; they also contain finer bodies which Babes and others state to be the pigment from the destroyed red corpuscles. The colloid cells are smaller and lie in irregular groups between the chief cells, from which they are probably derived. They possess a nearly homogeneous protoplasm more deeply colored, not unlike the colloid substance in appearance. They are also distinguishable from the chief cells by the readiness with which they take up those staining fluids which also stain the colloid substance in the center of the follicle.

PHYSIOLOGY.

Physiologically there is much uncertainity regarding this gland and its functions. It has been studied chiefly by the indirect method of observing symptoms after removal of the gland from animals and some cases in man, when the operation was performed for disease.

From their resemblance to various pathological conditions in man, the symptoms produced by extirpation of the gland are of intense and profound interest to us, and have been the means of our recognizing many obscure diseases as being the result of cessation or perversion of function of the glands.

The first most noticeable symptom on its removal from dogs is vomiting and dysphagia, showing a derangement of the functions of the medulla oblongata. The vomited matter consists of bile and mucus; anorexia is often present. Trophic disturbances may appear in the form of excoriations, especially in the articular regions of the fore and hind legs, which suppurate and are impossible to heal up. Muscular paresis and partial paralysis are among the earlier symptoms.

Spasms affecting all the muscles of the body are of very frequent occurrence. This condition lasts for two or three days when a violent general convulsion

Neuralgia: Arsenic bromide enables the anemic brain to bear the needed iron; give gr. 1-67 up to seven times a day.

Neuralgia: Zinc phosphide is a powerful means of breaking up an obstinate; give gr. 1-6 four times a day distant from meals.

may occur with a tendency to tetanus. At this time the respirations are very much increased, 220 per minute, and with it comes increase of temperature 105.8, 107.5, 110° F. Between the attacks the temperature has been seen to show a fall of 4° below normal.

Robert Hutchinson (*British Medical Journal,* July 16, 1898) says: "The effect of the administration of the thyroid is to increase oxidation in the body; it makes the tissues more inflammable so that they burn away more rapidly. The products of the disintegration of the nitrogenous tissues appear in the urine almost entirely in the form of urea, uric acid; the xanthin bases being neither regulary nor appreciable increased while the product of the fat destruction are eliminated as CO_2 by the lungs, and water by the kidneys.

Vide. "Another important effect is to hasten cell activity; under its influence the life history of a cell is carried quickly to its completion, and this may be the reason it does good in such diseases as myxedema and cretinism."

Sajous, Internal Secretions, states: "Certain metabolic processes are going on normally in the organ, and in its absence the interruption of the normal sequence of chemical change would throw upon the circulation certain strange substances which, acting like a poison, might produce the nervous symptoms, throw into disorder the nutrition of various tissues, and finally bring about death, and again we can explain cases where symptoms are absent by supposing for reasons thus far unknown, "things have taken a different turn." The particular poisonous substances have not made their appearance, but innocuous ones have taken their place, and we know how slight a change in chemical composition may turn a poison into an inert body.

C. Parhon and M. Goldstein (*Archives Generales de Medicine*) review the subject of the relations of the ovarian and thyroid secretions and maintain that a very marked physiologic antagonism exists between them as regards their action on the organism. In support of this opinion they refer to the increase of the thyroid gland as frequently observed at the menopause; the facts that the thyroid seems to favor the normal growth of the osseous system, as shown by its defective development in myxedematous cases, and the contrary action of the ovaries in osteomalacia, as shown by the good effects of castration in that disease; the evident antagonistic action as regards the adipose development, the thyroid secretion being an anti-fat agent, and the normal ovarian functions tending, to a certain degree, toward the growth of adipose tissue. The thyroid favors the growth of hair, which is suppressed to some extent by the influence of the ovaries, as shown by the appearance of hairy growths at the menopause, and their action is also contrary as regards the effects on the circulatory system, the thyroid accelerating the pulse and increasing tension, while the ovarian secretion, they claim, has the opposite effect.

They also find antagonisms in the regulation of the secretions, in the nutritive metabolism, the output of urates, phosphates and chlorides, and the elimination of calcium, arsenic, and iodine. The therapy of Graves' disease and chlorosis is also brought into the argument, both being considered by the authors as dependent, at least in many cases, on exaggeration

Neuralgia: To make a strong impression begin with zinc phosphide, quinine and iron arsenates, gr. 1-6 each; for one week.

Neuralgia: Do not give phosphide in plethora, cases due to cold or inflammation; nor continue it over one week each month.

or perversion of the thyroid functions. The question as to whether there exists a similar antagonism between the testicles and the thyroid is suggested as one deserving special study. The authors consider that many facts, such as the effect of castration on the bony growth and the hairy development when performed on young individuals strongly point toward such antagonism.

The influence of the thyroid secretion on the morphology of the organs of generation in both sexes has been demonstrated by many observers. From time immemorial the idea has been promulgated that the thyroid enlarges at the first menstruation; in some women each period producing as appreciable enlargement of the gland. A suppression of the menses often produces a swelling of the gland which disappears when the flow is reestablished. During the rutting season of various animals—dog, cat, rat, sheep and deer—the gland has been found enlarged.

The effect of the thyroid development on puberty is of great importance. Broca (Goitre and Cretinism, 1891) states that in the complete cretin puberty is never established. The reproductive functions are nil and sterility is absolute, while arrested development of the sexual organs is almost a constant symptom of infantilism.

In cretinism, and especially in infantilism, the increase in the development of the sexual organs under thyroid treatment is very marked. From the therapeutic standpoint, it is well to note, that the increase in size of the thyroid gland is anterior to the development of the sexual organs.

During pregnancy the gland enlarges; where it does not, Lange found albuminuria and experimentation confirmed his theory, "that relative insufficiency of the thyroid has an influence on the kidney."

The most evident and best-known functions of the thyroid are those connected with the processes of metabolism and with certain nervous phenomena, but it is also certain that the thyroid has a marked influence on sexual functions, particularly in the female. The swelling of the gland during menstruation, sexual activity and pregnancy, its relatively greater size and much more frequent disease in the female, are all evidence of this influence. Myxedematous patients are usually sexually inactive, and cretins generally fail to mature, although rare instances of pregnancy in cretins have been reported. As the thyroid does not normally functionate to any considerable extent before birth, the mother is called on to furnish thyroid secretion both for her offspring and for herself. Halsted observed that puppies whose mothers had been deprived of most of the thyroid before pregnancy had very much larger thyroids at birth than normal puppies, indicating an attempt at compensatory hypertrophy. Certain clinical observers have believed that the thyroid has an important relation to eclampsia, stating that in eclamptic women the hypertrophy of the gland which is normal during pregnancy is usually absent.

During his numerous experiments on the treatment of exophthalmic goiter with the serum and milk of thyroidectomized goats, Lanz has had occasion to observe the effects of thyroidectomy on a large number of such animals. Goats, like all herbivora, seem to need the thyroid much less than does man or the

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Neuralgia: Probably — not certainly— zinc phosphide affords all benefit derivable from phosphorus; tell us about it.

Neuralgia: Macrotin relieves forms due to cold, ovarians, of the fifth nerve; give gr. 1-6 to j every two hours; hot water.

carnivora, for they can live long without a trace of thyroid tissue, yet even in them the sexual and reproductive capacity is greatly decreased when the thyroid is missing. A large proportion of them show no sexual activities, many of the others do not become pregnant, or else abort, and the number of offspring that can be obtained is small. Such offspring are very abnormal, being small, poorly-formed weaklings, seldom maturing sexually and showing many of the features of cretinism. It is well known that cretinism is particularly likely to occur in the children of women with diseased thyroids, and is hence most prevalent in the districts where goiter is endemic.

From these studies it may be deduced that the thyroid extract has a field of usefulness in certain conditions related to obstetrics and pediatrics other than frank cretinism and myxedema. In women with goiter who become pregnant the advisability of cautious use of thyroid extract to supplement the function of the diseased organ during this period of increased demand is worthy of careful consideration. So, too, in the cases of children of either sex in whom maturation is unduly delayed, the possibility of deficient thyroid function exists, and offers a rational ground for thyroid medication, even when there may be no definite evidences of cretinism, Such treatment needs always to be undertaken with great caution and careful observation, for thyroid extract is by no means a simple and harmless agent — it must always be administered with a careful eye on physiologic conditions which it may profoundly modify. The administration of thyroid in large doses produces a condition known as thyroidismus, resembling in many points the symptoms of Basedow's disease.

The tremors, rapid pulse, mental depression, diagnostic of Basedow's disease are almost invariably produced by over doses of thyroid.

Ewald has given a detailed account of symptoms noted in numerous cases from large doses; viz., "Palpitation of the heart; rise in temperature, pulse rate increased to 100, 120, 140. Tremors, insomnia and headache, eructations, loss of weight and complete anorexia, thirst, dizziness, pruritus, urticaria, eczema, mental depression, precordial anxiety, maniacal symptoms, usually of a melancholic type with suicidal tendencies."

Christian (*Revue Medicale,* December 20, 1900) found that properly transplanted thyroids continued their functions and that they presented their morphological characters without showing any tendency to atrophy. Such glands continue to produce their colloid material and form new vascular connections: all facts which have been verified by Horsley, Cannizzaro and Schiff. Murray and Ewald were among the first to point out what is now universally acknowledged, that the thyroid gland represents an organ indispensably necessary to the preservation of life, and that there are two views concerning the manner in which the thyroid exercises its influence upon the economy.

(*To be continued*)

—:o:—

In the concluding portion of this interesting article Dr. Champlin will tell us of the many therapeutic applications of this remarkable remedy. Organotherapy is winning laurels, as shown, for example, by the use of lecithin.—Ed.

Neuralgia: All remedies for quick effect should be given dissolved in very hot water at short intervals till effect.

Neuralgia: Remedies for the intervals should be given in four doses daily in granules; at least not in hot solution.

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RETROVERSION OF THE NULLIPAROUS UTERUS.

BY CHARLES ROSEWATER, M. D.
Professor of Obstetrics in Creighton Medical College.

DISPLACEMENTS of the uterus occur with greater frequency in the nulliparous than would be supposed from the meager mention of the subject in text-books and other literature. While they are by no means as frequent as in those who have borne children, they occur with sufficient frequency to merit our careful consideration.

Normally the uterus occupies a position midway in the pelvis, suspended by a number of bands and ligaments with the bladder in front, the rectum in the rear and the broad ligaments to either side and supported from beneath by the vagina, pelvic floor and perineum. In health it has freedom of motion both forward and backward as well as upward and downward to accommodate itself to the varying conditions of the adjacent organs. When the rectum is distended the uterus is pushed forward in the pelvis; when the bladder is full the uterus is pushed backward. If it were not for the support of the various ligaments and particularly of the vagina and pelvic floor the uterus would sink downward under the weight of the loaded bowels. That this does occur nearly universally when these supports are weakened or destroyed is demonstrated by the frequence of descent and prolapse in those who have sustained injuries of the pelvic floor in childbirth and otherwise.

The virgin uterus, however, with its still intact vaginal and perineal supports and its ligaments not strained and weakened by the extra burden of pregnancy, has less opportunity and inclination to change its position. The latter is a slight anteflexion normally.

A loaded bladder may bring on a backward inclination of the uterus without the condition being an actual displacement to merit the name of retroversion or retroflexion. But when to the influence of a loaded bladder is added a sudden jar or fall, we often get a retroversion which may be slight but more frequently is quite severe from the start. This is usually attended by sharp pelvic pain, vertigo, and sooner or later a feeling of pressure in the rectum associated with inability to empty the latter.

I have seen cases presenting all these symptoms and pointing indisputably to a uterine displacement overlooked and treated for every other condition, the physician, most frequently out of modesty and a laudable desire to spare the feelings of the patient, not even making

an abdominal or a rectal examination. I believe the physician should make such an examination of every patient under his care as will lead to a clear knowledge of the probable conditions present, due regard being taken to respect the feelings and modesty of the patient, but not neglect her on these grounds.

In many instances in virgins a digital examination made through the rectum with the hand exercising counter pressure through the abdomen, will reveal the uterine conditions without having to violate the sacredness of the vagina. When severe local conditions can not be clearly outlined in this way an examination per vaginam should be made under anesthesia as delicately as is consistent with obtaining exact data of conditions present.

I remember a case of hystero- epilepsy reported a number of years ago at the American Medical Association in which the author stated that the patient had been treated by all manner of therapeutic agents, even by men of wide reputation, without local examination of the genitals, until the author on making such an examination discovered a retroversion of the uterus which being replaced led to immediate and permanent relief of the hystero-epilepsy.

A case came under my observation a few years ago of a young lady about twenty-one years old, who suffered from severe headaches, pelvic pain, dysmenorrhea and fainting spells, in which by rectal examination I found a retroverted uterus. There must have been some pelvic inflammation as when an attempt was made to replace the uterus by local pressure in the knee-chest position such excruciating pain was experienced that morphine was necessary to relieve it. When I asserted that the patient must have sustained a fall she denied having met with any such accident. I was discharged and two other physicians engaged who pronounced her case rheumatism and were allowed to treat her for six months along that line without any material benefit. In fact, the girl became helpless, and two years afterwards her mother came to me and confessed that the girl had acknowledged having fallen from a street-car shortly before her trouble began. The girl is still a bedridden invalid but I have not seen her for over three years so can give no account of her present condition.

In many of these instances, just as above, the patient has no recollection of a fall or injury at the time the subject is first mentioned to her, but later on she remembers a fall which at the time of its occurrence was thought to be only of trivial significance.

As time elapses the pelvic pain may subside only to recur frequently. The patient complains of constipation with frequent desire to evacuate the bowels, but when the attempt is made, inability to satisfy that desire is experienced. Sometimes constant pressure is felt in the rectum, at others this symptom is wanting. At the next menstrual period if this does not intermit or become irregular (as is frequently the case under such circumstances) she experiences dysmenorrhea, cramps.

Several years ago I was called to a young lady, seventeen years old, who while riding on a bicycle had a fall. During the same ride, which occurred on a hot summer day, she drank several glasses of ice water while overheated.

Jonquils perfume every garden, mirth and laughter fill the air, Mardi Gras here in New Orleans——.

In gastric dilation coma appeared whenever fermentation was excessive and vomiting ceased; every five weeks.—Alba.

So when she was taken with vomiting, vertigo, severe griping and fever and tenderness over the entire abdomen, the diagnosis was in doubt for several days. Appendicitis was suspected, but there was as much tenderness on the left side as on the right. Ice applications, restriction of diet, and absolute rest resulted in the disappearance of all the symptoms except the vertigo and pelvic pain. Now, another symptom which had been overshadowed by the others up to this time appeared, namely, pressure in the rectum. Rectal digital examination revealed the uterine fundus tipped backward and pressing directly upon the anterior rectal wall. Immediate and complete reposition was out of the question on account of the extreme tenderness of the parts. So I ordered the patient to fill the rectum daily with warm water while in the knee-chest position. In the course of about a week the uterus gradually assumed its normal position and the attacks of vertigo disappeared.

Several months ago a young lady eighteen years old, presenting the appearance of rugged health, called on me with a history of pain in the left iliac region, attacks of vertigo and constipation, and pressure in the rectum. Her troubles were only of about ten days' duration, but during that time another physician on whom she had called, gave her a physic and some indigestion medicine without making a careful examination to ascertain the underlying trouble. The constipation and rectal pressure led me to make a digital rectal examination and I found a retroverted uterus. She could not recollect any accident but when on the next morning I called at her home to try reposition of the uterus in the knee chest position after a copious flushing of the bowels with warm salt water, the mother told me that the patient had fallen while alighting from a street car two weeks previously. On first attempt reposition was impossible, but the patient was ordered to fill the rectum full of warm water twice daily while in the knee-chest position and at the end of a week I was able by pressing the fundus upwards from the rectum and the cervix downwards through the abdominal walls to replace the uterus. She obtained complete relief from all her symptoms and has remained well ever since.

It is to the diagnosis of this condition in virgins and the very simple method of treatment outlined above that I wish to call attention. More complicated methods of treatment of ultra displacements will be the subject of some future paper.

Omaha, Nebraska.

CELIAC OR SPLANCHNIC (SLOCUM) PAROTITIS.

WITH RECORDS OF THREE HITHERTO UNREPORTED CASES.

BY W. A. NEWMAN DORLAND, A. M., M. D.,
Associate in Gynecology, Philadelphia Polyclinic, etc., etc.

IN an able article which appeared in *Annals of Surgery* for December, 1904, Dyball proposed the term Celiac Parotitis for that very rare complication occurring subsequently to an abdominal or pelvic operation, namely, tumefaction with or without suppuration of the parotid gland. Professor Harris A. Slocum, of the Philadelphia Polyclinic, has suggested that as the parotitis

Among intestinal toxemias Huchard mentioned dyspnea with arrhythmia and a slight apical murmur.—Field.

Tedeschi noted 7 cases of heart pains, dyspnea and sense of impending death, due to intestinal autotoxemia.

in these cases results not merely from surgical invasion of the peritoneal cavity but from splanchnic manipulation or from some obscure interference with the visceral functions, a still more appropriate term would be "splanchnic parotitis." This suggestion is very *apropos* and one which we can heartily endorse.

From a study of the scanty literature of the subject we are forced to conclude that parotitis ranks with embolism and venous thrombosis among the very rarest of the operative sequels of abdominal and pelvic surgery. So rare is it, indeed, that Morley, of Michigan (*American Gynecology*, December, 1902) in 1902 could gather but fifty recorded cases of the complication from all surgical literature. Since then, as far as I know, but three additional cases have been noted, and these are reported in this paper for the first time.

As to the etiology of the condition we are as yet lost in a sea of uncertainity. The general belief among the surgeons today is that it is a manifestation of sepsis acting remotely from the point of infection. This is probably erroneous. The neurotic or sympathetic theory, which presupposes an intimate though occult nervous connection between the parotid glands and the generative organs of both males and females, does not afford a satisfactory explanation for most of the cases that have been recorded.

This theory has numbered among its endorsers some eminent operators, including Stephen Paget in England, William Goodell in this country, and Bumm in Germany. The strongest argument advanced by these gentlemen in support of their theory has been the reversed process of ovaritis occurring consecutively to the true infectious mumps. This will not stand a close investigation, however; for if only the nervous relationship existed to explain the post-operative cases of parotitis, the query would naturally arise, why should not an ovaritis or salpingitis in the female or an orchitis in the male, of traumatic or gonorrheal origin, be frequently associated with a sympathetic parotid bubo? As a matter of fact this association does not exist clinically, although hypothetically such a complication should be frequently noted.

That there is some peculiar sympathetic relationship existing between the cervical and facial glands and the abdominal and pelvic viscera cannot be controverted. The swelling of the thyroid gland during pregnancy and at the menstrual epochs is a well-recognized phenomenon. Contrariwise the pronounced constringing influence of the thyroid and parotid-gland extracts upon the uterine mucosa and muscularis has won for these organic extracts a well-deserved place in uterine therapeutics, notably in the treatment of hemorrhagic endometritis, metrorrhagia and uterine fibroids.

The most distressing symptom after every abdominal section is an insatiable thirst associated with stomatic dryness. This can be satisfactorily explained only by some reflex inhibitory action exerted upon the salivary glands by the abdominal incision and peritoneal and visceral exposure. The same scantiness of the salivary secretions has been noted in certain ovarian cystomata and in other ovarian disorders, while the contrary condition of hypersecretion by the salivary glands occasionally consti-

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Mania, delirium with delusions, improved when free purgation was secured; due to intestinal autotoxemia.—Bond.

One author is astonished to find so many poisons in the alimentary canal and so few toxic accidents.—Field.

tutes an unpleasant accompaniment of gestation, and has also been noted by veterinarians, in association with cervical glandular enlargement, in bitches, and other animals during the breeding time.

These are all verified facts, conclusively demonstrating the existence of some as yet unfathomed reciprocal influence exerted by these remote anatomic structures upon each other. They do not, however, afford a satisfactory explanation for the limiting of an inflammatory process of the parotid gland to a very minute proportion of abdominal and pelvic surgical lesions.

More satisfactory than the neurotic theory, although we must admit that it does not explain completely the intricacies of the condition, is the toxic theory. Dyball's conclusions appear to cover the matter as thoroughly as our limited knowledge of post-operative parotid involvement will permit. He states his belief about as follows:

Most probably celiac parotitis results from the action upon the parotid glandular substance of peculiar toxic bodies which have been absorbed into the blood. These toxins may originate in one of three ways:

1. They may be secreted by certain organs which have been altered in their function by traumatism or by pathologic processes.

2. They may be toxins of microbic origin, as from the bacillus coli communis, which have been absorbed either from the alimentary canal, the peritoneal or uterine cavities, or the bladder.

3. They may be the products of a disturbed digestion.

This theory presupposes the presence in any given surgical operative procedure upon the pelvic or abdominal organs of certain pathologic bacteria in sufficient quantities or virulence to generate toxins, the action of which the devitalized tissues cannot successfully resist. This local pelvic or abdominal infection may be and probably is due not to defects in technic, but to the action of preexistent germs, as the bacillus coli communis, upon tissues the resisting powers of which have been reduced by the manipulation or traumatism necessary to the operative procedure. No positive conclusion as to the accuracy of this theory can be deduced until sufficient careful bacteriologic investigations have been made in a number of these interesting cases. As a working hypothesis, however, we may agree with Dyball that it may be accepted until some more worthy theory or positive information can be had.

Analogous to the foregoing theory, and it seems to me equally as plausible, is that recently presented to me by Dr. Francis A. Faught of this city. He suggests that like the pancreas the parotid gland, in addition to its function of supplying a digestive fluid, is probably associated with the processes of internal metabolism, either producing or destroying some as yet unknown substance present in the human economy. It is probable, therefore, that as disturbance of the function of the pancreas gives rise to diabetes a corresponding interference with some of the structures in the pelvis or abdomen may so alter reflexly the function of the parotid glands that they become a ready prey to the numerous microörganisms existing in the mouth. This view is strengthened by the fact that recent investigations by

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Nicotine placed in an animal's bowel did not poison it till the portal vein had been tied; the liver arrests poisons.—Schiff.

Urine does not remove all toxins secreted by liver; most is neutralized in intestines, liver, tissues, blood.—Bouchard.

Michaels in Paris, and Kirk, Faught and others in Philadelphia, have demonstrated that the function of the parotids may be profoundly altered in certain constitutional diseases, as gout and pyorrhea alveolaris.

The one structure, or chain of structures, which may be influenced either directly or indirectly in operations within the pelvis are the pelvic lymphatics. These structures, even if they be not directly handled are disturbed through stretching of contiguous structures or through pressure upon the nerves and blood-vessels in their vicinity. Faught believes, therefore, that one at least of the causes of celiac parotitis is disturbance of the pelvic lympathics, whereby some product of their activity which is essential to the health of the parotids is modified so that these glands fall easy victims to bacterial invasion from the mouth. The question is certainly one of unusual interest.

The case which occurred in my own practice is unique in that it is the only one recorded as occurring subsequently to an obstetric operation. In August, 1904, I saw in consultation with Dr. J. E. Roberts, of Lansdowne, Pa., a young primipara, Mrs. B., who, in the last weeks of her pregnancy was suffering from marked renal inadequacy. Her limbs and face and the labia majora as well were considerably swollen, and during the twenty-four hours previous to my visit she had almost total urinary suppression, but 3 1-2 ounces of urine having been removed by catheterization. At intervals the patient was flighty, and her temperature had risen to 101° F. Upon my advice a sterilized French bougie No. 17 was introduced. The following morning her temperature had fallen to 98° F. but she was quite drowsy. There were no labor pains during the day. The uremic symptoms persisted, and in the evening the patient had a chill which lasted for twenty minutes, the temperature subsequently rising to 100.4° F.

This was followed by a profuse perspiration over the entire body, and a pronounced amelioration of the uremic symptoms. But 2 1-2 ounces of urine were removed during the night. The following morning the drowsiness had returned. A scanty sanguineous vaginal discharge had appeared by this time, and there were also slight abdominal and sacral pains. The progress of the labor was slow and by evening the patient had grown decidedly worse. Her restlessness was extreme; she tossed about the bed and constantly moaned. Dilatation had advanced sufficiently to justify operative interference, and at 12:45 a. m. the patient was chloroformed, the membranes ruptured and a foot extracted. During the delivery of the head a perineal rupture through the sphincter but not into the bowel resulted. The fetus, as is usual in these extreme cases of renal insufficiency, was stillborn. No fetal movement had been noticed for forty-eight hours, nor could the fetal heart-beat be detected. An immediate perineorrhaphy was performed.

The patient reacted well from the operation and did not suffer from nausea nor vomiting. Her pulse was normal, and although she appeared to be greatly exhausted her condition was fairly good. A remarkable change in the urinary symptoms was noted almost immediately after the delivery of the child had been

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The liver arrests poisons; we must stimulate its action by proper therapeutic agents; also skin, lungs, bowels, kidneys.—Field.

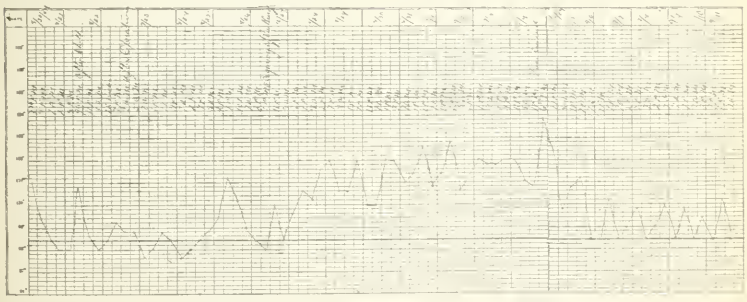
First eliminate poisons; then use physiologic antagonists; third, keep patient alive till he has time to eliminate.—Field.

accomplished. An involuntary dribbling of urine began three hours after the operation and persisted throughout the day. In addition to this at 3 o'clock in the afternoon 26 ounces of urine were removed by the catheter, at 7:30 p. m., 36 ounces, and at midnight 22 ounces, or 84 ounces for the day. There was slight nausea with vomiting during the evening. Seventy-five ounces of urine were voided the following day, and from that time throughout the convalescence the action of the kidney was normal. The bowels had been freely opened by enema from the second day.

On the evening of the third day the patient complained of soreness in the right side of the face and neck, and examination showed a slight puffiness over the parotid region. This rapidly increased and by the afternoon of the fourth day was very pronounced. Dr. Roberts applied compresses of hot camphorated oil over the tumefaction, and subsequently, as the inflammatory symptoms increased in severity, an ointment of cocaine and ichthyol was applied. The temperature had risen during the inflammatory process, ranging from 100° to 102.4° F. This continued with slight variations for eight days, by which time beginning fluctuation could be detected over the swollen area. A small incision was made the evening of this day and four drams of pus were removed. The wound was washed out and an antiseptic dressing was applied. The temperature immediately fell from 103.4° to 99.4° F., and in twenty-four hours reached the normal, from which it did not afterwards materially vary. The morning following the incision two drams of pus escaped from the wound. A second incision was made at this time a little below, over the angle of the jaw and one ounce of pus evacuated. The subsequent course of the case was uneventful, the patient making an absolute recovery. The perineal wound closed with perfect sphincteric action. The temperature chart is appended:

Through the courtesy of Dr. Brooke M. Anspach, of this city, I am enabled to present the history of the following case which occurred in his hands at the University Hospital.

Gynecologic Number, 1258, Mrs. E.



Temperature Chart of Parotitis following complete Perineorrhaphy.

The effects of self-poisoning can be largely controlled by an antiseptic treatment; destroying toxins in feces and urine,—Bouchard.

Intestinal antiseptics could have no effect in bowels loaded with contents that had fermented and putrefied.—Field.

B., admitted June 16, 1904; aged twenty-four years; suffering from a left tubo-ovarian abscess and a right pyosalpinx. A left salpingo-oophorectomy was performed, and a right salpingectomy. Three days after the operation a swelling of the left parotid gland occurred, which went on to suppuration and was opened in four or five days, about one dram of thick pus being evacuated. The pus was persistently thick during the entire process and appeared to contain sloughs of the parotid-gland substance. There resulted a perforation of the external auditory canal, which, however, did not involve the drum-head. About the time that the left gland suppurated the right parotid began to swell, but in a few days the inflammation subsided without suppuration. There did occur, however, some suppuration in the abdominal incision. The periparotid infiltration was very pronounced and the induration lasted for quite a long time. No bacteriologic examination of the case was made, but the pelvic trouble was undoubtedly of gonorrheal origin. The patient made a good recovery.

Dr. John A. McGlinn has very kindly contributed an additional case which occurred recently in the service of Professor William Easterly Ashton at the Medico-Chirurgical Hospital. The patient was a woman fifty-seven years of age who was admitted to the hospital with the diagnosis of subinvolution, endometritis, cystocele and rectocele. The cervix was dilated, the uterine cavity curetted, and an anterior colporrhaphy and an Emmet's perineorrhaphy performed. Two days after the operation an attack of dysentery supervened from which she quickly rallied. Eight days after the operations a bilateral parotitis developed. The glands eventually suppurated and were opened and free drainage established. The patient made an uneventful recovery. Drs. Ashton and McGlinn were unable to trace any source of contagion.

Comments and Statistics. An interesting fact to be noted in the histories of the 54 recorded cases is that a certain number of the parotid tumors contained pus. Of the 54 cases recorded thus far 23, or 42 1-2 per cent, suppurated. As Dyball has indicated the suppuration does not appear to be an essential feature of the condition, but results in all probability from a loss of resisting power in the gland, which when inflamed by the action of the toxins forms a *locus minoris resistentiae,* and becomes secondarily infected by pyogenic organisms, probably staphylococci, which are introduced by the blood-stream or more probably through Stenson's duct. In the non-suppurative cases either the function of the gland has been but slightly impaired or the pyogenic organisms have failed to gain entrance into the inflamed tissue. The condition is by no means to be regarded as septicemic or pyemic in nature, and, as Paget has remarked, many of the non-suppurative cases are afebrile in their course.

As regards statistics the condition is one of marked infrequency. Paget collected 101 cases of what he termed "sympathetic" inflammation of the parotid gland, 50 of which resulted from injuries, diseases, or temporary derangement of the genital organs, as from slight blows or the introduction of a pessary. Among the 54 cases gathered by Paget, Morley, and myself there were 13 deaths,

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Typhoid fever; temp. 107, pulse countless; 2-qt. enema of salt solution; in six hours temp. fell to 102, pulse to 99.—Field.

Before excluding glycosuria examine both morning and evening specimens of urine, says *American Journal of Surgery.*

or a mortality of 24 per cent. Morley calls attention to the fact that 9 of the 13 fatal cases showed suppuration. In 18 cases both parotid glands were involved; in 16 cases the right gland and in 13 cases the left became inflamed; in 7 of the patients the inflamed side is not designated. Seven of the patients were male and forty-seven females. The average day of development of the parotid swelling was the fourth or fifth after the operative procedure. Twenty-two of the cases occurred subsequently with ovariotomy; 5 followed the removal of ovarian tumors; 6 occurred after hysterectomy; 3 after a gastrotomy; 6 after abdominal section (object not designated); 2 after salpingo-ovariectomy; 2 after appendectomy; and 1 each after enterostomy, herniotomy, excision of the omentum, intestinal obstruction, excision of a gastric ulcer, suppurative peritonitis, anterior colporrhaphy, and complete perineorrhaphy.

Philadelphia, Pennsylvania.

ENDOMETRITIS.

BY CURRAN POPE, M. D.
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FEW subjects in gynecology have heretofore proven so difficult to handle as inflammatory and hyperplastic conditions of the uterus, and for this reason a full understanding of this condition is essential, especially in view of the many advantages the non-surgical methods offer.

There is no trouble within the pelvis so frequent as endometritis in its chronic state and for that reason it is one of, if not the most important subject the gynecologist is called upon to treat, especially if he be a general practician. While endometritis is one of the most common of all the diseases women are subject to and while *per se* not a dangerous disease, still it may be the basis of and lead to some of the most serious of complications.

The majority of the inflammatory diseases of the female genital tract have their origin in the uterus and have led to too frequent removals of this organ, frequently with the tubes and ovaries, and the increase in the knowledge of simpler methods of handling these cases does not seem to have made any impression on the surgical mind and comparatively little upon the medical. It has seemed to the writer to be somewhat reprehensible practice to operate by ablation of organs important to the economy of the female, until full measures hereinafter to be mentioned have been carefully and persistently tried.

Surgical gynecology has made great strides in the removal of the pelvic organs, and operations which a few years ago were considered too hazardous to be contemplated except by the bold, experienced and leading operators of the profession, and then only in case of danger to life, are now undertaken with impunity by almost every surgeon or gynecologist of little or no experience. Ovariotomies, hysterectomies, and other similar serious operations are proposed and performed with often less consideration than surgeons formerly gave to the

In neurasthenia from over brain work give zinc phosphide gr. 1-6 four times a day after regulating bowels, etc.

Neurasthenia: In sex excess and overmentality cases give zinc phosphide for a week only, to open the treatment.

most minor procedure, while such operations as the repair of a torn cervix or a lacerated perineum, are now classed among the minor operations. The plain facts in the case are that gynecologists of today are surgeons whose attention is attracted to surgical procedures, and surgical training tends to beget a dislike for the slower, less dangerous and tedious methods of non-surgical treatment, while on the other hand, the physician is trending toward a constant desire for surgical work whenever patients will permit of his doing so.

As a result of the foregoing, gynecological surgery has so overshadowed the medical treatment of women's diseases that it is time to call a halt, and question this work as opposed to medical treatment. It should not be forgotten that while the dangers of surgical work and anesthesia have been reduced to the vanishing point, it still remains true that the vaster proportion of women operated upon do not make recovery alone as the result of the operation *per se*. Operative work should be the *dernier ressort*, and women should be informed of its necessity and have explained to them that this is but a foundation upon which the superstructure must be built; and in making these statements the writer reviews his experience in the handling of a large number of cases that have come to him for treatment, after "successful" (?) surgical operations. Do not misunderstand for a moment that there is any desire or attempt to belittle the magnificent, and marvellous work that the surgeon has done, and the wonderful field that he has created, but the above is a plea for the use of other methods before resorting to the knife.

Endometritis is an inflammation or hyperplasia of the uterine mucous membrane involving to a greater or less extent the parenchyma of the uterus. The mucous membrane of the uterus is not functionally analogous to other mucous membranes which are in daily or hourly functionation, the function of the uterus in reproduction being called into exercise only occasionally, and menstruation while connected with reproduction is not necessary for life.

This is a difficult subject to present as regards its arrangement and the writer has adopted the following plan of considering the subject based largely upon his clinical experience. We will therefore consider inflammation of the uterus under the following heads:

Acute Endometritis,
Cervical Endometritis,
Corporeal Endometritis,
Erosions and Lacerations,
Metritis,
Subinvolution.

Causes. — Etiological considerations are by no means limited to conditions leading to and culminating in endometritis. Predisposing factors are of great importance, and in fact the foundation of the commencement of the disease. These factors may be found in all those variations from what we call good general health. It may commence with anemia and chlorosis—conditions exceedingly common in young women, and frequent in fact, in all ages. Rheumatism and gout (those diseases prone to leave within the system the waste products of tissue metabolism, and so frequently associated with toxemic states, arising from the digestive tract) we find among the potent causes. In like manner tuber-

Neurasthenia: Follow zinc phosphide with lecithin for a month; but never neglect to keep the bowels clear and clean.

Neurasthenia: The nervous debility is often alleviated by zinc or caffeine valerianate, a few grains daily, small doses.

culosis in all its forms, tends by its depleting influences upon the vitality of the organism, to incite the endometrium to inflammation. All exanthemata, measles, scarlet-fever, typhoid, and influenza, through the debilitating action of the toxins, absorbed into the general circulation, predispose or actually cause the trouble. I am of the opinion that if the influence of general conditions in predisposing to inflammations of the pelvic viscera, and especially of the uterus, were thoroughly appreciated by parents and educators, the present baneful methods of schooling would be seriously modified, for it not only predisposes strongly to menstrual disorders and pelvic inflammations but gives a neural background to endometritis. Laborious occupations in which women are compelled to exert strength, and the reverse, sedentary occupations, tend to prepare for later inflammations. Obstinate constipation, that bane of civilized life, with its accompanying absorption of depressing toxic material and the weakening influence it has upon muscle tissue in general is a considerable factor. General exposure to damp cold, especially those conditions in which the skirts are heavily wet and allowed to remain on, together with wet shoes and stockings oftentimes is the commencement of very serious trouble, precipitating acute attacks and aggravating chronic conditions.

Excessive exercise, over-exertion, straining, and lifting, blows upon the abdomen, excessive dancing, long-continued standing upon the feet during the menstrual period, keep the uterus congested and favor endometritis. Acting in a like manner we find excessive coitus and onanism very commonly mentioned as a cause, but this has in my observation been more likely to continue existing conditions rather than cause the trouble, the exceptions being in the case of virgins in which the traumatism breaks the mucous membrane and permits of subsequent infection. Menstrual irregularities, at puberty, with congestion unrelieved by the flow, and possibly assisted by irritation connected with the development of the ovaries predispose to this disease.

Within the pelvis two principal causes will act in the production of endometritis, these being circulatory disorders, and bacterial infections. For this reason care should be exercised during the puerperal state to avoid infection by means of examinations with unclean hands or instruments or unsterile instruments, and hands introduced through the vagina not cleansed or disinfected. In the puerperal state we have favorable factors for the development of acute metritis, there being raw surfaces, dead matter to decompose, and low vitality of tissue, for the uterus becomes an incubator with its heat, moisture and pabulum, and under these circumstances, bacteria develop rapidly and become virulent. The careless introduction of uncleaned fingers and instruments, irritating and unclean tampons and the application of strong medicines may act as an important cause in exciting inflammation. Where true stenosis exists, preventing drainage, or where there are retained secundines, or where there is acute vaginal inflammation we may expect an inflammation to result.

Infection by the gonococcus is the most frequent and common cause, Menge

Neurasthenia: In mental exhaustion with phosphuria benzoic acid relieves the symptom and presumably the cause of it.

Neurasthenia: Don't use too strong remedies here; replace your strychnine mace with a brucine or quassin rapier.

claiming that it is the most certain cause, stating that no other bacterium can vegetate any length of time in the uterine canal, its secretions being bactericidal. The microörganisms most usually found are the staphylococcus pyogenes aureus et albus, streptococci, and the bacillus of Neisser which latter occurs usually in 35 or 40 per cent of all cases. Laceration, displacement, enteroptosis, and other mechanical conditions rapidly produce the disease. I do not wish to be considered as a pessimist but my experience has been that when *once fully acquired,* endometritis is rarely if ever successfully handled unless there is a combination of both general and local measures.

ACUTE ENDOMETRITIS.

This stage of inflammation is usually seen by the general practician and family physician, the specialist rarely ever being called until some complication renders the case grave. Ordinarily, we will find a patient suffering from acute endometritis, in bed, complaining of pain, weight and dragging sensation in the pelvis, together with considerable rectal and vesical tenesmus. The pain is usually most intense just above the pubes and radiates into the groin and thighs. There is a dull, heavy soreness over the sacro-spinal region. The bladder is usually irritated and frequently emptied.

After several days this is followed by a discharge from the uterus of a viscid liquid which within a week has usually become creamy, purulent and sometimes tinged with blood. During the attack the patient is sensitive to any pressure upon the abdomen, over the pelvis or neighboring regions, with frequent attacks, varying in severity, of uterine tenesmus, or "bearing-down pains." The uterine discharges are prone to set up a vaginitis and where they are allowed to come in contact with the mucous membrane of the vulva or the skin of the thigh, an acute irritation follows leading to excoriation and great discomfort.

Upon physical examination the abdomen is apt to be found a little tympanitic and the region immediately over and around the uterus exceedingly tender to the touch. The patient as a rule dreads the necessary manipulation and the examination. Digital examination reveals the vagina as a rule covered with the uterine discharge, the os uteri to the touch will be found gaping, the cervix swollen and sensitive to slight pressure, the uterus enlarged and lying lower in the cul-de-sac.

Bimanual examination which is usually very painful will show an enlargement of the uterine body with sensitiveness to pressure, so that one might be led in a hurried diagnosis to suspect the presence of true metritis.

Upon inspection the labia will be found red, irritated and sometimes edematous. Carefully introducing the speculum, the cervix will be observed considerably enlarged, swollen and red, of a darker hue than ordinary. From the gaping lips of the uterus there pours out a clear, albuminous-looking, semi-gelatinous discharge of mucus or muco-pus, or long shreds of cervical mucus.

Owing to the congested state of the entire uterus, all explorations should as a rule be avoided and the probe or sound employed with the greatest caution. If this is used the patient will complain of excessive pain and tenderness throughout the entire uterine-cervical cavity and

Neurasthenia: The arsenates of iron, quinine and strychnine in quite minute doses do well to follow eliminants.

Neurasthenia: Irritable nerves from mental excess, alcohol or dyspepsia are soothed by oxides of silver and zinc.

its removal will be followed by some blood; indeed, the uterus tends to bleed upon the slightest manipulation.

A differential diagnosis should immediately be made between an acute vaginitis, pelvic peritonitis and a parauterine cellulitis. Physical examination through the speculum, will as a rule eliminate the question of an acute vaginitis. The diagnosis of cellulitis and peritonitis must rest upon greater disturbances, usually preceded by a well-defined chill and marked elevation of temperature. A digital examination will as a rule discover fixation of the uterus and enable the examiner to map out the hardened periuterine tissues. The marked difference in the uterine discharge both in kind, and quantity, will aid in the diagnosis.

(To be Continued.)

A CASE OF RETROPERITONEAL TERATOMA.*

BY C. M. NICHOLSON, M. D.
Professor of Surgical Anatomy and Clinical Surgery in St. Louis University.

THE case reported was remarkable not only because of its rare occurrence, rapid growth, and total absence of symptoms until three weeks before death, but because within its substance there was found a chorionic epithelioma. The following is the case-history:

August 5, 1905, I was consulted by C. W., a healthy-looking, well-developed young man, twenty-one years of age, who complained of one symptom: fainting—which had occurred twice the preceding week. He had attended to his business until August 4, when he quit work, fearing an accident during his trips as superintendent down into a mine.

On inspection the abdomen appeared normal; pressure over the region of the gall-bladder enabled the examining finger to outline a pear-shaped body. In the median line beneath the rectus abdominis, extending from a point four inches above the pubes to the lower margin of the right lobe of the liver was an immovable mass of definite form. The line of dulness was continuous between the pear-shaped body and the mass in the median line. Although the growth measured four inches in width, no intestinal disturbances had resulted. Three weeks later the patient vomited and complained of great pain after eating. The vomiting became more frequent and the pain more severe with each succeeding day. I saw the patient September 3 and the following morning made an exploratory incision, which revealed a growth extending from the right kidney over to the last dorsal vertebra, downward to within two inches of the pubes. It was firmly attached to the tissues of the median line posteriorly and to the kidney externally. The posterior peritoneum was incised over the mass which was then found to be enclosed in a fibrous capsule; this was sewed to the anterior layer of the peritoneum, and a portion of the growth removed. The pa-

*Abstract of paper read before the Mississippi Valley Medical Association.

Blood is available for nutrition as long as it remains in the arteries; in the veins it is as if outside the body.—Brunton.

The normal action of vasomotor centers for circulation more than equals twice the blood of the body.—Brunton.

tient sat up at the end of the first week, but continued to complain of great pain. He died two weeks after the operation.

Postmortem examination was made by my assistant, Dr. S. S. Stahl, whose report is as follows: "On opening the cavity of the abdomen and cutting through the posterior peritoneum and transversalis fascia, a fibrous capsule enclosing a semi-solid mass and adherent only to the median line and to the right kidney, was found. Only with considerable difficulty could the tumor be removed, so intimately was it attached to the structures immediately in front of the vertebral column. The abdominal aorta from the first dorsal vertebra to the fourth lumbar was closely attached to the growth. The gall-bladder was distended, evidently due to pressure on the common duct. Neither the lumbar glands nor the kidneys were enlarged, although the right kidney was adherent to the tumor. The liver, though very slightly enlarged, showed evidence of involvement. The heart and pericardium were normal. The lungs contained 200 or 300 nodules."

The tumor weighed a little less than two pounds. It was right-angled and lobulated, the lobules being smooth and extending in different directions. On cutting, the tumor was soft, the anterior inferior extremity being partially cystic. Some of the cysts were as large as a hazelnut. The remainder of the growth appeared solid. The outer surface of the tumor was covered with a distinct fibrous capsule. Parrafin section of the Zenker-fixed tissue showed a very complicated mass. Portions of organs were found corresponding in embryonic origin to all the germinal layers: Skin, cutaneous organs, central nervous system, peripheral nerves, represented the epiblast; mucous glands, tubes, cysts with epithelial lining, were indicative of the hypoblast; bone, cartilage, fibrous tissue, constituted the mesoblastic structure.

The examination showed the growth to be teratoma, and within its substance a well-marked chorionic epithelioma—certainly a most rare condition.

St. Louis, Missouri.

CONTAGIOUSNESS OF CANCER.

BY A. LAPTHORN SMITH, A. B., M. D.
Professor of Gynecology in the University of Vermont.

MORE than ten years ago I became convinced that cancer is a contagious disease, the cause of the contagion being either a cell or a microbe contained in the discharges. I am now gathering facts to prove that it is not hereditary as most people believe and as most believed consumption to be until a few years ago. One of the facts which has become very apparent is that it was the exception for any of my cases of cancer to have had a father or a mother who had the disease; while quite a number of them had come in contact with others, not their fathers or mothers, who died from it. I want to ask the profession of the United States through the AMERICAN JOURNAL OF CLINICAL MEDICINE to send me as many authentic cases as they can find of cancer occurring in people whose *parents* did not have it.

It would also be very interesting to

Fainting may be due to heart stoppage, rapid a teriole dilation, or sudden stop of pressure in larger vessels.—Brunton.

In fainting internal dilation may coincide with spasmodic contraction of vessels of the surface and of the brain.—Brunton.

know if there is any village among the inhabitants of which no case of cancer has ever occurred until some one imported the disease from some other place, after which it spread to others in the village.

Any one sending me facts bearing on these two important points will receive due credit in an article which I am preparing for the meeting of the British Medical Association which meets in Toronto this year.

I recently published an article declaring that cancer is becoming very rare in my public and private practice, which I attribute to the fact that every woman with a lacerated cervix has had the latter either repaired or amputated so as to remove the scar-tissue on which cancer grows best. Since then I have received a letter from a prominent gynecologist of Boston saying that this has been his inference also. Not only that, but I believe that a woman suffering from cancer of the uterus is during a year or two in such condition that she may infect many people with cancer of the face, lip, throat, stomach and intestines.

If this is so, how important to make it known so that there may be a crusade for stamping out cancer by early operation; or when too late for that then by isolation and disinfection. I am sure that no more important subject could occupy your pages than the investigation of the origin and spread of the terrible disease.

Montreal, Canada.

SURGICAL NOTES

TREATMENT OF NON-MALIGNANT STRICTURES OF THE RECTUM.

Professor Howard A. Kelly, in a recent article on this subject, declares that painstaking prophylaxis should guide us in the treatment of rectal strictures situated in the distal portion of the bowel. Careful investigation should be made in every case of so-called chronic "diarrhea" and "dysentery."

When found to be non-cancerous the proper treatment consists in rest, diet, keeping the upper bowel emptied, cleansing solutions and applications, healing applications and packs. A stricture of moderate caliber may be cured by gradual dilation with bougies; by the elastic pressure of a rubber bag, distended by air and made to distend in a uniform manner by a silk covering (Sweetnam's plan), and by digital distension and massage. If a contracting bowel is watched and thus treated, the patient may go on for a long time, for years even, in great comfort, though the disease is not cured and patients told so.

However, in really bad cases resection is necessary and may be practised even when the disease extends over an area as long as 20 cm. A posterior incision with the removal of the coccyx, and sometimes of the last sacral vertebra, with the preservation of the anal sphincters and ampulla when possible, and an end-to-end anastomosis of the bowel, is the best procedure. It is sometimes worth while in the attempt to save

Weakening the vasomotor centers equals bleeding; increasing their power equals adding to the quantity of blood in the body.

Capillary circulation is maintained not by heart alone but by the elastic force of arterial contractions.—Brunton.

the bowel, when the local process persists in advancing, to make an artificial anus completely diverting the fecal current. The bowel may then heal and the extensive surrounding inflammation undergo resolution, when after months (or a year or more), and generally after a successful resection, the artificial anus may be closed by abdominal section.

In a high grade of tuberculous or syphilitic stricture, when an extensive area is involved, it is often best to make an artificial anus and extirpate the diseased bowel. Kelly prefers to do this by amputating the bowel above first, and ligating such hemorrhoidal vessels of the lower end as are within reach, and then to complete the extirpation from below by an incision from sacrum to anus. Advanced tuberculosis always demands extirpation, and syphilis calls, of course, for persistent specific treatments in addition to whatever local means may be employed.

ANGIOMA OF MUSCLES.

According to Seitter, angiomata of the muscles have a great tendency to become malignant and to recur after removal. Hence, he advises that the entire muscle must be excised, unless the angioma is distinctly encapsulated. If the growth is very large it may be necessary to remove an entire group of muscles or even amputate the limb.

HYPODERMIC TO REVERSE PERISTALSIS.

In abdominal surgery persistent vomiting is often followed by reversed peristalsis and finally large amounts of "black vomit" exactly like that of yellow fever causing great anxiety to the surgeon, since, unless the bowels can be moved, death always follows. In such cases if one milligram (one sixty-seventh of a grain) of the new drug, salicylate of eserine, be injected hypodermically and repeated every hour until five doses have been given—or less if possible—the fecal current will be directed downward instead of upward and free evacuation of the bowels may give entire relief. An enema hastens the desired result.

TO INCREASE THE APPETITE AFTER OPERATION.

Very frequently after operations patients complain that they have no appetite, due probably in great part to enforced inactivity. When such complaints become annoying an enormous appetite may be produced sometimes by this combination:

℞ Lysol .....1. (gr. 16)
Ext. gentian.
Pulv. glycerrhiz. aa q. s.
Misce et ft. capsul. xvi.

Sig. One capsule before each meal.

Burger reports a number of cases of anemia and scrofula in children which he cured with lysol alone, simply through the agency of the ravenous appetite which it excites.

FISTULA FOLLOWING OPERATION FOR APPENDICITIS.

Too few operators tell of the failures; so many are afraid of criticism. A most brilliant exception to this rule is Dr. R. E. Skeel, Professor of Obstetrics in the Cleveland College of Physicians and Sur-

Dilation of the arterioles or capillaries quickly reduces the arterial pressure and circulation stops.—Brunton.

One factor in shock is that the blood remains in the dilated veins and does not reach the heart—unless on lying down.—Brunton.

geons, who, in the January, 1906, number of the *Columbus Medical Journal,* freely confesses his failures. In his operations for appendicitis eleven times it was found impossible to remove the appendix; in five of these cases in which the appendix was not removed fistula followed, nearly one-half of all; and the proportion is still higher when it is recalled that two of these cases died: a rather sharp rebuke to the idea that incision and drainage of appendiceal abscesses is all that is necessary! One fistula only occurred with those in whom the appendix was removed and this was due to tearing off the tip and leaving it attached to a suspicious spot in the cecum. Altogether his article is a strong plea in favor of complete surgery whenever compatible with the saving of life.

OPERATIONS FOR BRIGHT'S DISEASE.

A very comprehensive report upon the present status of the operative treatment of chronic Bright's disease has been made by Dr. Ramon Guiteras, Professor of Genitourinary Diseases in the New York Post-graduate Medical School. After a careful review of reported results, he concludes: (1) Chronic nephritis should not be operated on until medical treatment has proven of no avail. (2) The time for operations is when it is noticed that the process is advancing rapidly and it is feared that the heart will soon become overtaxed. (3) The operation for chronic Bright's disease which has proven least dangerous, and which has shown the best results, is nephropexy, performed on a single kidney. (4) The most unfavorable cases for operation are those of diffuse nephritis. (5) Cases of general anasarca with bad heart-action should not be operated on; if the heart-action is good an operation performed as a *dernier ressort* may give the patients a few extra months of life, provided they survive it. (6) Where there has been a marked destructive process in the kidneys, as a result of nephritis, the operation may relieve them for a number of weeks or months, but they generally fail again and die when the new capsule begins to contract.

GASTRIC PAIN VS. BILIARY COLIC.

That the gastric crises of an unrecognized locomotor ataxia may be mistaken for gallstone colic has not been made sufficiently clear. An editorial in January, 1906, issue of *Louisville Journal of Medicine and Surgery* (based upon a clinical case of Shaeff) is of much interest. The patient presented himself stating that he was suffering from gallstone colic. His expression was nervous and he was apparently in great pain. His attending physician in previous attacks had told him to tell whoever attended him in like ones, to administer 1-2 grain of morphine at once. He said he had passed several calculi nine months previously. Shaeff suspected that the patient was a morphine habitue, but the dose was administered. Two days later he presented himself again with the same symptoms and the same treatment was again administered. At this visit the left pupil was noticed to be larger than the right and further investigation revealed classical Romberg and other ataxic symptoms. Undoubtedly, says the *Journal,* this is not an isolated case and pa-

Symptoms of appendicitis remaining after removal of the appendix are due to colitis; flush colon and diet.—*Int. Jour. Surgery.*

From a therapeutic point it is a great error to class rheumatoid arthritis as rheumatism; treatment differs.—*Int. Jour. Surg.*

tients who present themselves apparently in great pain and requesting immediate relief, should always be looked upon with suspicion. Thoroughness in our examinations and careful inquiry into personal and family history will unquestionably reveal many cases of malingering as well as clear up the diagnosis of apparently complicated cases. The possibility of apparent gallstone colic being gastric crises of ataxia, should be borne in mind when those cases present themselves. It must be remembered also that gastric crises of ataxia may simulate acute gastric lesions, appearing like gastric ulcer. We can only then arrive at conclusion in non-gastric diseases and other troubles than biliary ones with gastric symptoms, after a thorough examination of the whole body and a careful study of all the secretions and excretions.

GYNECOLOGICAL NOTES

PELVIC MASSAGE.

In the adoption of the Brandt method of pelvic massage the following points should be carefully observed: (1) Never administer pelvic massage to erotic patients, nor in cases of vaginismus, acute pyosalpinx, pelvic abscess, growing tumors of the uterus or ovaries, rectal ulcer, acute vaginitis, irritable urethra, or inflammation of Skene's glands, until after these conditions have been removed. The best results are obtained in cases of subinvolution of the uterus, relaxed ligaments, recent exudates, and passive congestions with little sensitiveness. (2) Before treatment have the patient thoroughly empty the bladder and bowels, employing an enema, if necessary. A hot vaginal douche should also be administered. (3) No movements should be made with the hand used internally except with the ends of the fingers. (4) The force employed should generally be sufficient to produce slight pain. (5) In cases of flexion, the flexion should, if possible, be straightened during the manipulation. In all cases of displacement the uterus must be restored to its proper position. (6) Care must be taken to have the patient breathe deeply and regularly during treatment. Kellogg says he knows of no class of ailments in which rational non-surgical measures yield such brilliant results as in the treatment of this class of disorders; a few months' careful treatment and training suffices, in many cases, to restore the patient from a condition of apparent hopeless invalidism to one of robust health and active usefulness.

CHRONIC CYSTITIS IN WOMEN.

For internal use in chronic cystitis, this formula is highly praised:

Venice turpentine	5
Castoreum	2
Camphor	4
Calcined magnesia, sufficient quantity.	

Mix and make 40 pills. Directions: Three to six daily. Briefly summarized the treatment is: Remove any discoverable source or sources of irritation which act through the medium of the urine; also any mechanical source of vesical irritation should receive appropriate

Don't give chloroform near an open gas jet or fire; the fumes are toxic, causing nausea, cough and renal irritation.—*Int. Jour. Surg.*

In cases of orchitis or epididymitis there may be torsion of the spermatic cord—comes on suddenly; may be collapse.—*Int. Jour. Surg.*

treatment. The urine should be rendered bland by the use of a milk diet, the ingestion of considerable quantities of water, the administration of potassium citrate if too acid, or of boric acid and salol if alkaline. Pelvic congestion should be relieved by hot vaginal douches, placing the patient in the knee-chest position, and the correction of constipation. The inflamed cystic mucous membrane may be relieved by the administration of boric acid, santal wood oil, copaiba, or creosote by mouth, or injections of boric acid, carbolic acid, or nitrate of silver in suitable strengths. The general health should be improved by tonics, etc. Rest in bed, especially in all acute cases, is absolutely imperative.

HEMORRHOIDS IN WOMEN.

Most women suffer from piles, even though they may not know it. Every gynecological patient therefore should be carefully examined for internal piles; if found they should be removed whenever operation for any other trouble is being performed. It is a good plan to forcibly dilate the sphincter ani in every constipated woman whether or not there are piles. Every woman with hemorrhoidal disease (or fissure of anus) should be told that she cannot be entirely relieved of her pelvic trouble by local treatment unless she submits to a simple operation for the cure of constipation (or piles).

REMOVAL OF THE UTERUS IN GONORRHEA.

Increasing experience is more and more leading to the conclusion that whenever pus-tubes depend upon gonococcal inflammation it is always best to remove the uterus when the abscesses are excised. The endometrium is so affected in patients who have gone on to tubal abscess that again and again will the husband (or other male who has intercourse with the patient) become infected, thus carrying the disease through long periods of years. There may be periods of latency during which the infection appears to have died out, but sooner or later there is a recrudescence—clap appears in male and female without other exposure. And the end never seems to come. Hence (the uterus without tubes and ovaries being an absolutely useless organ), whenever the tubes and ovaries are removed for gonorrheal inflammation, pan-hysterectomy should also be performed, especially as it does not add to the danger. It should be positively understood that removal of the diseased uterus in such cases increases rather than checks enjoyment of the sexual act, as a rule.

A RECENT GERMAN REPORT ON CESAREAN SECTION.

In *Zeitschrift fuer Geburt. und Gynaekolgie*, Dr. H. Dauber reports from Hoffmeier's Clinic, thirty successful Cesarean sections. Of the thirty cases sixteen were of the typical Cesarean variety and fourteen Porro operations or modifications of that method. In six cases the typical Porro was employed; in eight the sub-peritoneal method was used. Contracted pelvis indicated the operation twenty-six times. Of these twenty-six cases, rachitis was the determining factor in fifteen, osteomalacia ten, and a

Drop a week from money-getting, let old Duty take a rest; try what makes life worth the living, see what gives to work its zest.

Hear the whistles tootin' madly, merry crowds throng every street. Rex is comin' up the river——.

Naegele pelvis in 1. Myomata were the indications in three, and eclampsia in one.

He believes that those cases which formerly were treated by induction of premature labor now may be better handled by conservative section. He considers that the justifiability of Cesarean section is not so easily determined in primipara or multipara who have had living children, as in the instance of multipara who have had dead babies after difficult labors. In many of their cases the operation was determined on by the pressing wish of the women for babies, when other procedures did not offer such sure prognosis. The uterus should be removed under these circumstances: (1) Infection of the uterus. (2) If myomata should demand the probable later removal of the uterus. (3) In osteomalacia as a therapeutic measure. (4) In severely ill women whose lives would be jeopardized by later pregnancies. (5) Atonic bleeding following conservative operations. In the technic he recommends the routine eventration of the uterus before the uterine incision is made; the danger of contaminating the peritoneum when the uterus is opened in situ being real. He considers the longitudinal incision the best, the placenta having been found seven times in part or fully located on the fundus; and in two instances of Fritsch incision the bleeding was profuse. So he does not believe that there is an advantage in the Fritsch incision. The uterine incision has silk retention sutures through the mucosa and musculosa—the rest being sewed with catgut. The rubber ligature is reserved for the hysterectomies. Labor is not awaited.

CHLOROFORM IN PUERPERAL ECLAMPSIA.

That the essential feature in the treatment of puerperal eclampsia is immediate emptying of the uterus cannot be doubted; but preliminary to this, and as an important adjuvant in securing dilation of the os and securing tranquility of the patient at the same time is the free administration of chloroform. In a recent article, Dr. Arthur C. J. Wilson claims to have been very successful in treating these cases by the immediate administration of chloroform, which he gives slowly till the patient is fully under its influence. He states from his own experience that when chloroform was given fully, in cases of eclampsia occurring in pregnancy, soon after the first convulsions, and when its effect was kept up some time after the termination of labor, no more convulsions occurred. Termination of labor by dilatation of the os can, as a rule, be easily carried out, provided the patient is kept fully under chloroform, and seems to have no effect in causing a return of the convulsions. In nearly all cases in which some time had elapsed before the administration of chloroform, convulsions recurred after labor, and the patient did not make so good a recovery. The danger to the child is increased by delay. Forced delivery is quite a different thing when a patient is fully under chloroform from what it is when there is not complete muscular relaxation.

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There are cases where the use of chloroform is not practicable; remember that veratrine usually controls fits. —Ed. Clinic.

The production of sleep is believed to depend on the accumulation of acid waste products in the blood.—*Medical Record.*

Sleep—when contact of terminal arborizations of afferent nerve fibers and dendrites of cortical cells breaks.—*Medical Record.*

DEPARTMENT OF
DERMATOLOGY, VENEREAL AND SEXUAL DISEASES
WITH A REVIEW OF THE LITERATURE OF THE WORLD

In charge of Dr. WILLIAM J. ROBINSON.
Address all communications designed exclusively for this department to Dr. William J. Robinson, 12 Mt. Morris Park, West, New York City.

THE BLOODLESS OPERATION FOR VARICOCELE.

BY T. W. WILLIAMS, M. D.

THE importance of varicocele is relative. It is an almost constant accompaniment of neurotic sexual conditions. It may and often does exist for years without seriously impairing sexual vigor. In such cases operation is not called for. A good suspensory which has a small, soft pad attached so as to exert slight pressure on the cord where it emerges from the inguinal canal to enter the scrotum, is all that is necessary. It relieves to some extent, the pressure of the superincumbent column of blood. It should be worn night and day.

Nearly all sexual neurasthenics who have been addicted to sexual excess, suffer more or less from pendant testicles, the left much lower than the right, with the veins of the cord varicose. So true is this that I invariably look for this symptom as a diagnostic indication of the man's mental and physical habitus.

Occasionally, but rarely, varicocele produces atrophy of the testicle on the affected side from, as I believe, the purely mechanical cause of pressure. In such cases, an operation is advisable at once.

But by far the largest number of cases of varicocele derive their sole importance from psychic causes. Causeless anxiety and mental worry sufficient to induce nervous prostration and serious impairment of the health are frequently the result in a patient who finds himself suffering from varix, and distorts its importance in his imagination by the perusal of quack literature. In these cases, also, an operation is absolutely necessary.

In these cases there is a degree of satisfaction to both physician and patient attending this operation that seldom attends any other surgical procedure. The mental relief is remarkable; the patient emerges at once from the clouds of gloom and despondency that have enveloped him, feeling as if a great burden that had caused him infinite worry and anxiety, had been suddenly lifted, and he goes forth practically a new man, mentally and physically. I have had patients come from long distances determined to undergo castration, and give up all hope of wedded bliss on account of the mental worry caused by varicocele; but after the removal of the disease they have returned home, to the great surprise of former intimates, completely transformed, got married, settled down and "were happy ever after." If not removed the patient worries about it, broods over it, haunts doctors' offices and tries all kinds of alleged "cures"

the remainder of his natural life. It is therefore justifiable to perform the operation for purely psychic reasons—for its moral effects upon the patient, even when it is unnecessary to do so for any other reason.

From the nature of the case, the radical cure of varicocele is impossible, except by a slight surgical operation. It is of this operation that I wish to speak. I have performed it about 600 times and I have seen and examined many of the cases twenty or thirty years later, and they bore testimony that the results were perfect. The operation although requiring experience and technical skill, is if properly performed, by no means a very serious or dangerous one. I speak here of my own method of subcutaneous ligation, and not of the somewhat heroic operation of laying open the scrotum and cutting out the veins, which confines the patient to the bed for two or three weeks, and is attended by more or less danger of bloodpoisoning and inflammation which is liable to extend to other parts.

It appeals particularly to patients who have a horror of the knife, as it involves no cutting and not a drop of blood is shed. I use neither local anesthesia nor chloroform, as the patient would suffer more from them than from the operation. Besides they are quite unnecessary. I give the patient a good drink of whisky and go ahead. There is only one short, smart pang, and it is all over, like a tooth that is pulled, for the ligature at once deadens the sensibility of the vessels.

This operation causes so little pain or inconvenience that in performing it over five hundred times, my usual custom has been to have the patient come to my office to be operated on, and after the scrotum is bandaged up he goes about his business, simply keeping quiet, lounging at home for a few days, until the ligatures are ready to be removed. There is nothing more than a slight swelling and soreness of the parts for a short time until the blood in the enlarged veins is absorbed, after which not a mark or scar remains to show that the disease ever existed or that an operation has been performed.

Over thirty years ago I operated upon a gentleman, now prominent in the iron world, who was clerking in the Bay View Rolling Mills about three miles beyond the old city limits. He came in on the cars, was operated, returned to his desk, returned the fifth day and had the ligature removed, and went back to work, without losing an hour. Of course he saw the risk of inflammation, as was explained to him, but he preferred taking the risk to losing a week from his duties. That is the kind of a man, by the way, that always rises to the top.

I never could see any sense in opening the scrotum, separating the veins, tying them above and below, and then sewing them. One ligature is sufficient for occlusion and it is better to leave the veins intact, to help support the testicle. When cut off in that way the stumps become a nuisance by dropping down on the testicle and may cause atrophy by this pressure.

I have enjoyed several opportunities of opening the scrotum years after operating and examining the occluded veins. In every instance they were flattened out like narrow ribbons and bloodless. The blood they contain when oc-

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Sleep is attributed to a temporary anemia of the brain which depends on certain vasomotor changes.—*Medical Record.*

Salmon suggests sleep is due to the effects of an internal physiological secretion derived from the pituitary body.—*Med. Record.*

cluded, is gradually reabsorbed, the collateral circulation is restored, atrophy averted and in no case was the secretory function of the testicle impaired, rather the contrary.

Now as to the operation itself. I have seen it dismissed by surgeons with disdain, and have seen it briefly, but disparagingly, referred to in surgical works, or condemned outright. But having obtained the most satisfactory results from it in so many cases; having myself tried all the other different operations that have been described, I feel competent to pass judgment. My verdict is that by all odds, this method of operating for varicocele is the best.

The technic is simple, but I would not recommend a tyro to perform it without first being instructed by some one experienced in doing it. The operation of subcutaneous ligature first received authority in the practice of the great Ricord of Paris (one of his nephews was a student in my office for two years). The late Samuel Gross of Philadelphia modified and improved it, by substituting a single ligature for the double ligature of Ricord.

I use an ordinary silk ligature of two or three strands of saddler's silk twisted together and waxed. I prefer this to any catgut or ready-made ligature. This ligature is allowed to remain in carbolized oil an hour or so before the operation. The scrotum is shaved and rendered surgically clean. Sitting on a stool, while the patient stands in front of me, and holding the sound testicle in one hand, with the thumb and forefinger of the other I separate the veins from the spermatic cord (readily distinguishable by its tense, cordy feel, and tenderness to pressure) and the artery (recognized by its pulsation). I then plunge a large-sized curved needle right through the scrotum, carrying the ligature, from front to back, passing it between the cord and the artery and vas deferens. At this point I request the patient to lie on the chair. My assistant then brings the anterior and posterior scrotal wounds in a line; I push the cord down and carry the needle back through the same holes, only this time on the anterior side of the cord, thus closing them in a loop.

The needle is next slipped off the ligature. We now have the two ends of the ligature projecting from the anterior wound, and the mass of knotted veins within the scrotum lies within a loop of the ligature, and all we have to do to occlude them is to tie a single knot in the ends of the ligature and with a firm, quick movement, tie it good and tight—but not so tight as to divide the veins. A cork for an 8-ounce bottle is then produced, and the ligature tied over it in a bow knot, and the operation is complete.

The ligature divides the inner coat of the veins, but does not cut through the outer coat, so that union of the walls occurs spontaneously and the occlusion is complete. I place a pad of iodoform gauze, and over that a pad of absorbent cotton, on the wound, apply a suspensory and let the patient go about his business, cautioning him to keep quiet—walk but little, and return the fifth day, by which time occlusion of the lumen of the vessels is complete. I untie the knot remove the cork, and with a pair of small curved scissors, snip off one end of the cord close to the occluded veins.

Norwegians have devised a cheap and rapid method of getting drunk by snuffing strong brandy up the nose.—*Med. Record.*

Chicagoans like to know their money is put to good use—Yerkes' estate goes to found a hospital for inept New York.

By steadying them with the back of the curved scissors, and drawing on the long end of the ligature, it will slip loose and pull out. The wound is kept dressed with gauze and cotton as before, and kept in a suspensory, any swelling being treated by rest, lead and laudanum lotions, etc., on general principles. In about thirty days reabsorption has taken place, and all soreness and swelling has disappeared, and with them all signs of varicocele.

This is the technic of the late Dr. Samuel Gross, who taught how to perform the operation. Not only has this operation proved eminently satisfactory in my own practice, but equally so in that of others whom I have instructed in its performance.

Milwaukee, Wisconsin.

The above article brings up the question of editorial rights and powers. Should an editor refuse all articles which advocate views and opinions opposed to his own? We believe not. For after all the contributor may be right and the editor wrong. But it is our duty to state that we disagree with our esteemed contributor. We neither ascribe the importance to varicocele that he does, nor are we in favor of the operation he describes. If it is for the moral effect that the operation is valuable as the author admits in one place ("It is therefore justifiable to perform the operation for purely psychic reasons, for its moral effects upon the patient even when it is unnecessary to do so for any other reason"), can we not select simpler and more gentle methods? But—*audiatur et altera pars.*—W. J. R.

THE CONSTITUTIONAL TREATMENT OF SKIN DISEASES.

The average human mind is so constituted that it loves definite opinions and unequivocal judgments. A theory is, either true or false, a religion is either good or bad, a man is either a saint or a villain. The deep analytical thinker, however, knows that a theory may be both true and false, a religion may be both good and bad and even that a man may be both a saint and a villain. Every Truth contains some Falsehood, every Falsehood contains some Truth: the difference is only in the proportion. The humoral "pathology," the theory that every disease was due to some internal humor, dyscrasia, held sway for many centuries. No wonder, when its many fallacies were exposed, when it was shown that many diseases were due to external exogenous causes, that the pendulum should have swung to the other extreme.

This is as true of skin diseases at it is true of general medicine. Every skin disease was due to some internal dyscrasia: *even scabies.* When Hebra, the father of modern dermatology, demonstrated beyond the possibility of doubt that scabies was due to an external parasite, when by rubbing croton oil in the skin he succeeded in producing almost all the features of eczema, it was but natural that he should have fallen into the other extreme. It was natural he should have considered the whole theory of humors and dyscrasias a humbug and should have thought and taught that all skin dis-

If there is anything we should be certain of it is the distinct action of our remedy and the pathologic wrong.—Niederkorn, *E. M. J.*

Thorough drug-action familiarity will dispense with the necessity of employing combinations of remedies.—Niederkorn, *E. M. J.*

eases were of external origin, and that internal dietetic and medicinal treatment —with the exception perhaps of the much-abused arsenic — were of little value.

As Hebra's influence over dermatology was paramount, as his word was considered the last word and as all Germany (meaning all German-speaking countries) flocked to hear the wonderful master, it is not surprising that the dermatologists of the Vienna School were and are, with very few exceptions, strict localists. The local applications—salves, cerates, pastes, plasters, creams, mulls, gelatins—have reached a high degree of perfection in Germany, but the internal condition and the internal treatment are either utterly or almost utterly neglected. Hence we notice—a thing that struck us forcibly—great skill in curing individual attacks, but utter failure in preventing recurrences. The underlying cause is seldom looked after and therefore seldom removed.

Hebra used to say privately that psoriasis was like a gold bond with interest bearing coupons: the patient came around every year and paid the interest in gold. Of course! Because Hebra and his followers never attempted to eradicate the disease,to destroy the gold bond; all their endeavors were limited to the temporary removal of the patches, to the collection of the coupons.

It all came from looking upon psoriasis as a purely external disease. In our opinion psoriasis is most certainly a constitutional disease with dermatic manifestations, and that very much can be accomplished in this disease with internal treatment—with merely a change in the diet—has recently been demonstrated by the Berlin psoriatics. We say psoriatics and not psoriatists, for unfortunately it was the patients themselves and not the physicians who made the demonstration. The psoriatics in Berlin are very numerous. It so happened that some psoriatics became vegetarians. The improvement in their condition was remarkable. The skin lesions disappeared under local treatment much more rapidly than usual and the intervals between the attacks became longer and longer. This information spread rapidly and numerous psoriatics gave up meat with the same favorable results. Thus an important advance was made in the treatment of psoriasis, and it was incidentally shown that the disease rests upon an internal basis—a blood dyscrasia if you please (and vegetarianism which up to that time made very slow headway in Germany received a great impetus).

Many examples could be given to demonstrate the influence of internal treatment and diet on diseases of the skin: Suffice it to emphasize that some skin diseases have a purely external, bacterial or chemical, origin; some have a purely internal origin and some have a combined external and internal cause; that is, they may be due to either, or the cause being external, its development is favored by certain conditions of the system. And it is our belief based upon theory and experience that in order to treat dermatoses successfully we must look closely into the internal condition of the system, and the successful dermatologist will in the majority of cases add to his local application a prescription for internal use—or at least directions as to diet. The most satisfactory results, in the treatment of this class of diseases, will

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A pallid, broad, dirty tongue means hyperacidity of the body fluids and sepsis filth; sulphate of soda cures.—Niederkorn, *E. M. J.*

McCullagh gave thiosinamin in 38 cases of tinnitus aurium; 2 cured, 7 much improved, 5 improved, 6 not improved.—*Med. News.*

follow observance of these principles. Improve the general health always if you can.

THE TREATMENT OF ACNE VULGARIS.

Acne belongs to that not insignificant number of dermatic affections which are occasionally the despair of the dermatologist. The thing looks so simple—just a few pimples—and the patient is really surprised and discouraged if he is not cured in two or three weeks. He or she cannot understand why you cured an eczema covering half of the body or a varicose ulcer of so many years' duration in such a short time, while the pimples don't get better. Well, it is necessary to teach our patients, that often it is the simplest affections which require the longest treatment and the greatest patience. The treatment of acne, like that of so many skin diseases, is both general and local, and the opinions differ sharply as to the relative value of the two. The generalists claim that they can and often do cure by internal treatment and general hygienic measures—regulation of diet, exercise and fresh air—alone; the localists, while admitting the value of general treatment, pooh-pooh the idea that acne can ever be cured without local measures. Our opinion is that the best results will be obtained by him who judiciously combines both local and general measures.

Local Treatment. Before we give the various formulas which have proved useful in acne we consider it necessary to remind the practician that in dermatology it is just as imperative to individualize and to use common sense as it is in any other branch of medicine. One formula will *not* do for all patients affected with the same disease. The lesion may be the same, but the skin—the normal skin—on which the lesion is situated may not be the same. What will cure an acne in a strong weather-bronzed man, may set up a violent dermatitis in a delicate fair girl.

Before going to bed, let the patient wash his or her face with sulphur soap, and then bathe it for five to ten minutes in tepid, or still better, hot water, as hot as can be borne. Elliott objects to hot water, stating that he has seen many cases aggravated by its use. We, however, have seen only benefit from its use, and the majority of dermatologists agree as to its value in acne. The bathing is best done by dipping a handkerchief, napkin, or towel in hot water, and applying it to the face. After the bathing, the following lotion should be dabbed on with a piece of cotton or brush and left on over night.

Ether .....min. 40
Ac. salicylici .....gr. 10
Sulphuris precip .....dr. 4
Spir. camphorae .....oz. ½
Glycerini .....dr. 2
Aquae rosae q. s. ad.....oz. 4
Shake well and apply at night.

This is to be washed off in the morning with tepid water and sulphur soap. If the skin shows signs of irritation, a little white petrolatum or cold cream may be rubbed in during the day.

Instead of the above the following application may be used:

Potassae sulphuratae
Zinci sulphatis, aa .....dr. 1
Sulphuris precipitati .....dr. 2
Aquae rosae q. s. ad. .....oz. 2
A chemical reaction takes place here,

Thiosinamin appears to destroy newly-formed connective tissue; internal dose gr. 1-2 to 3 three times a day.—McCullagh, *Med. News.*

Rochon declares that the prevalent idea that suffering must follow the discontinuance of the morphine habit is a fallacy. We agree.

zinc sulphide being formed and precipitating.

Ointments are as a rule not indicated and should be used only when the skin is very dry. The following is an excellent combination:

Hydrargyri ammoniati .....gr. 25
Ac. salicylici .....gr.5—10
Sulphuris precipitati .....dr. 1
Petrolati .....oz. 1
Ol. bergamotae .....gtt. 5

In some cases where the acne is very chronic and indurated and does not respond to the above application, stronger measures are necessary. The "peeling off" process, so popularized by Lassar, is here useful. This consists in applying a resorcin ointment, 20 to 50 per cent strong (resorcin 2 to 5 drams, petrolatum ad 10 drams) for three nights in succession and then applying an emolient ointment like the following:

Zinc oxidi .....dr. 2
Bismuthi subnitr .....dr. 1
Ung. aquae rosae .....dr. 7

This is applied until the irritation set up by the resorcin is allayed, then the resorcin ointment is reapplied, if found advisable. This resorcin treatment, however, sets up occasionally quite a severe irritation, preventing the patient from leaving the house, and the patient should always be informed as to the possible effect of the treatment. If he is satisfied, well and good.

General treatment. Limit autotoxemia to a minimum. This is almost the whole secret. But to attain this we must see that the emunctories are in good working condition, and that the patient breathes enough oxygen to burn up the waste products. The gastrointestinal canal almost always requires attention. *Constipation in the intestinal canal is frequently the forerunner of constipation in the sebaceous glands.* But drugs must not be our sole recourse. An occasional saline laxative, cascara sagrada, an aloin, strychnine and belladonna pill, is not only permissible, but often indispensable, but our chief endeavor should be to induce the bowels to move naturally. Exercise and plenty of water —hot on rising and retiring, cold during the day—are essential. Many French dermatologists prescribe a copious rectal enema once or twice weekly as a routine measure. Pastry, greasy and fried substances, cheese (not fresh pot cheese, but Swiss, Roquefort, etc.) hot bread, potatoes, coffee and tea should be reduced to a minimum or forbidden altogether. Alcohol in any shape or form is to be cut off absolutely.

A teaspoonful of sodium phosphate in a goblet full of hot water on retiring is a useful and harmless remedy.

When dyspepsia is a prominent factor, it of course requires proper treatment. As a rule, bitter tonics, such as gentian, quassia and especially strychnine before meals, and a few drops of hydrochloric or nitrodrochloric acid, copiously diluted with water after meals, will prove distinctly useful. Where some uterine disturbance exists, that should receive attention. We have seen a number of cases distinctly benefited by hot vaginal douches and by glycerin-boroglycerin tampons. Finally mild diuretics such as potassium citrate are sometimes indicated.

Internal remedies possessing a specific action on the acne lesions we have

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To prevent cholera protection against flies should be instituted, especially if defective water closets are in vicinity.—Boret.

A greater degree of relaxation of the anal sphincters takes place under spinal anesthesia than any other mode.—Neugebauer, *Med. Rec.*

none. Arsenic is the orthodox remedy and it may be administered in the form of arsenous acid 1-100 to 1-50 gr. three times a day. But as a rule calcium sulphide—a good preparation—1-6 to 1 gr. three times a day is more useful in this condition.

ACNE PUNCTATA. COMEDO. BLACKHEADS.

Express the comedones by the aid of one of the numerous comedo extractors that are on the market. Have patient use soap and hot water frequently. A sand or a marble soap is useful. In the evening let him apply the following lotion:

Zinci oxidi .....dr. 1
Sulphuris precipitati .....dr. 2
Glycerini .....dr. 2
Aquæ calcis q. s. ad .....oz. 4

Spraying the face three or four times a day with a 5 per cent alcoholic solution of resorcin is frequently of signal benefit. Instead of resorcin we may order peroxide of hydrogen. Let the patient use it full strength (three per cent U. S. P.) in a spray, or let him rub his face with a little sponge dipped into a mixture consisting of one part of peroxide of hydrogen to two parts of hot water. Ointments are, in our opinion, not of much benefit in comedones.

The general treatment is practically the same as in acne vulgaris, only in comedones we can often get along with local treatment alone.

ACNE ROSACEA.

The general principles of treatment are practically the same as in acne vulgaris, except that as a rule the measures must be more energetic. Resorcin ointments in 10 to 25 per cent (!) strength are applied until decided desquamation sets in, and are then followed by soothing ointments (bismuth subnitrate, zinc oxide, aa dr. 1, cold cream oz. 1.) When the irritation has subsided, the resorcin application may be renewed. The following application seemed to us to be of signal service in contracting the dilated blood vessels:

Adrenalini (cryst.) .....gr. 2
Atropinæ sulph .....gr. 1-2
Ergotini .....dr. 1-2
Lanolini hydrosi .....dr. 4
S. Rub in thoroughly four times a day.

If the patient is "willing to do anything" to get rid of his red nose and face, we may also give him internally ergotin (5 gr. t. i. d.). Ichthyol both locally and internally—locally from 5 per cent to pure; internally 5 to 15 min. t. i. d.—is highly recommended by some. The above treatment will relieve or entirely remove the general congestion and redness of the face, but will it not destroy the large dilated blood vessels. To attain this object we must have recourse to thermo-cautery (Unna's microburner) or electrolysis. Scarification with the bistoury is much employed, but in unskilful hands is apt to cause too much scarring. The general treatment is the same as in acne vulgaris, but alcohol in any shape or form and tea and coffee are to be prohibited unconditionally. Antiarthritic treatment will usually prove useful.

ACNE VARIOLIFORMIS.

The local treatment of this disease consists in sulphur lotions or ointments, in zinc paste, in compresses of saturated aqueous solutions of salicylic acid. Internally, we give intestinal antiseptics and calcium sulphide. The French be-

Wyeth claims that in Schleich's method the anesthesia is due to water distention rather than to the cocaine—and offers proof.

I ask you to think with me, and look into the school life of girls with a view to helping them endure their work.—Northrup.

lieve that this disease has some connection with the lithemic state and usually prescribe alkalies to all patients who suffer from acne necrotica. Potassium iodide is also generally prescribed in this affection, but Thibierge says he saw the affection become aggravated under the use of this drug. Some authors believe to have seen good results from ichthyol, naphthol and resorcin; if they are useful in this affection, it must be due to their action as intestinal antiseptics.

A NEW METHOD OF TREATMENT OF ACNE.

Bier's method of treating inflammations and suppurations by inducing artificial hyperemia has been utilized by Dr. Moschcowitz (*Med. Rec.* Jan. 13) in the treatment of acne. He has applied it in eight cases with good results. The method is very simple. An ordinary dry cup with rubber bulb attachment is used. The edge of the cup must be broad, and the diameter varies from three-quarters of an inch to one and one-half inches, depending upon the part of the face to which the cup is applied. The cup is applied to the affected area of the face, for one hour every day, preferably in the evening. If the application is made twice a day, for an hour at a time, more rapid results will be obtained. The suction must be of the slightest character, so that the least pull will separate the cup from the skin. This point is emphasized for two reasons: first, because greater suction is not so efficient, and may even aggravate the condition; and secondly, because if more suction is employed, a disagreeable ring may form which may take a day or two to disappear. The cup must be removed every one or two minutes, and reapplied to permit of a new influx of blood. The applications are begun over that area of the face in which the acne pustules are most numerous, and are repeated daily over the same area until the pustules have disappeared. The cup is then shifted to another part of the face, and a similar course is pursued. This is repeated until the entire face has been treated. It takes from two to five applications over each area, until a satisfactory result is obtained. It is needless to say that if two cups are used at the same time the duration of healing will be reduced one-half.

CHANCRES OFTEN MULTIPLE.

In every text-book on syphilis you will find as a point of differential diagnosis between chancre and chancroid — between hard and soft chancre—the statement that the former is single and the latter is multiple. This statement needs modification. Cases with genuine *multiple* hard chancres are very common, and it seems as if of late we encountered such cases more frequently than formerly. In 500 recent cases of syphilitics Queyrat observed 131 cases with multiple chancres—a little over 25 per cent. Of 3,591 cases Humbert observed 990 multiple chancres, a little over 27.5 per cent. Of 5,249 cases Mauriac observed 1,197 multiple chancres—nearly 23 per cent. Of 1,534 Renault saw 1,117 single primary lesions and 417 multiple ones —also 27 per cent. In short, the consensus of opinion seems to be that about 25 per cent of hard chancres—or one case in every four—are multiple. This being

Jelliffe describes aphasia, hemiplegia and hemianesthesia occurring during attacks of migraine.—*N. Y. M. J.* Ever see them?

A fine abstract of O'Gorman's great paper on Treatment of Cholera (*Indian Med. Gaz.*) appears in *N. Y. Med. Jour.*, Jan. 6.

so, the value of the singleness of a primary lesion as a diagnostic sign will be seen to be quite slight.

CORROSIVE SUBLIMATE INJECTIONS IN SYPHILIS.

The opinions as to the superiority of the soluble or insoluble compounds in the injection treatment of syphilis seem to be as irreconcilable as ever. Dr. F. Krefting (*Berl. Klin. Wochenschrift*, Sept. 18) is a partisan of the soluble salts, and considers the insoluble dangerous, because liable to cause serious and even fatal results. Daily injections as practised by Prof. Lewin he considers unnecessary. In their stead he prefers large doses of corrosive sublimate injected once weekly. He uses 10 grams (2½ drams) of a half per cent solution, containing 2 per cent of sodium chloride. [This equals ¾ grain of $HgCl_2$]. He had no untoward results in his experience, and the patients were able to attend to their regular business. The results were satisfactory even in syphilis of the brain and of the nervous system.

MATERNAL SYPHILIS.

Dr. G. S. Whiteside, of Portland, Ore., believes that the subject of maternal syphilis is neglected (*Jour. Amer. Med. Assoc.*, Oct. 7, 1905.) The condition, he says, is often only recognized by the development of the taint in the infant after birth, and directs attention to the importance of being on the outlook for syphilis when there are obscure symptoms. When syphilis is diagnosed in the pregnant woman, mercury should be given promptly and fearlessly to protect the child. After birth, if the infant be given care and mercury be administered, the author says that recovery should result in a few months.

VOLTAIRE ON SYPHILIS?

Yes, the man who knew everything that was known, and who wrote about every topic upon which everything had been written, added his word, also, to the literature of this disease, which by revolting preeminence, throughout the ages and the wide world over, constitutes at once the bane and shame of mankind. He wrote of it as he wrote against folly and error and wrong always—in the finest, keenest satire—scathingly, trenchantly, poignantly, and yet, withal, whimsically and wittily beyond surpassing.

Dr. B. W. Konkle thus begins an article entitled Voltaire on Syphilis (*Med. Lib. and Hist. Jour.* Vol. 3, No. 2) in which we are shown what a deep insight that genius had into the nature of the disease, how well he knew its symptoms, and what a great role the princes of the blood, the pillars of the church, and the noble warriors played in its spread. Voltaire also incidentally shows, what ravages the enormous doses of mercury, administered by the ignorant doctors of that time, worked on the patients. The cure was indeed often much worse than the disease. And the antimercurialists of *that* time had a very good *raison d'etre*.

SYPHILIS FOLLOWING THE BITE OF A HUMAN BEING.

Dr. James Garvie McNaughton reports the following case in the London *Lancet*

Linossier says fresh eggs are poisonous to some persons. Know any cases? Probably when taken in egg-nog.

Improved financial conditions in the south are shown by the Southern Med. College Association raising requirements.

(Jan. 6, 1906). The patient, a woman of 55, was bitten on the back of the hand by another woman and a sore developed in this region which required about six weeks to heal. About five weeks after the bite, a rash made its appearance on the body and a little later the hair began to fall out. When seen some four months later the rash had disappeared, but the patient had condylomata and mucous patches in the mouth. In the larynx there was considerable infiltration of the inter-arytenoid region with ulceration of one vocal cord.

The editor of this department has seen a case of similar character. The foreman of a shop (this happened in Berlin), a dissolute fellow, was in the habit of fooling with and kissing the girls. The girls resented it but were afraid to resist for fear of losing their jobs. One girl, however, was obstinate and recalcitrant; this infuriated him and one day he got hold of her and bit her on the cheek. A primary sore soon developed and the poor girl is still suffering with one of the severest forms of syphilis. Nothing was done to the wretch—the girl too poor to sue, etc., and nobody interested enough to take up her case.

EPITHELIOMA OF THE CHEEK.

Dr. M. L. Heidingsfeld reported a case of epithelioma of the cheek at a recent meeting of the Academy of Medicine of Cincinnati. The patient was a single woman, aged forty-three. She had an irreguar ulcerated lesion in front of the right ear, which was of ten years' duration and had been treated unsuccessfully by a number of physicians. It bore all the clinical characteristics of lupus vulgaris, and so the author tried the tuberculin injection treatment which he has used successfully in this class of cases, but injections of one cubic centimeter of a 1 to 1000 solution failed to produce the marked local reaction, the general malaise, or the increase in temperature that might be looked for. Microscopical examination revealed a characteristic epithelioma of the skin, with no evidence of lupus vulgaris or granuloma in any form. Under the x-ray therapy the patient improved rapidly.—*Lancet-Clinic*, Nov, 4 1905.

THE REMARKABLE ACTION OF UNGUENTUM HYDRARGYRI IN A CASE OF TUBERCULOSIS.

We abstract the article in this department, because though the author, Dr. J. T. C. Nash of Edinburgh, reports his case as one of tuberculosis, it is our opinion that the case was really one of syphilis, or at any rate a combination of the two diseases, as we see them not infrequently.

The patient was a woman of 45 who, according to the author, suffered from pulmonary tuberculosis with advanced lesions in both lungs; she also suffered with rectal hemorrhages and obstinate constipation. She developed the following symptoms, which were suggestive of profound nervous disturbance, if not of grave organic brain mischief—namely, Jacksonian epilepsy of the extensors of the right arm and leg, constant headache, and frequent paroxysms of intense agony over the region around the left Rolandic fissure, with inclina-

Chicago is having lots of fun with one of her surgeons who diagnosed a case of smallpox as appendicitis.

Great ideas travel slowly and for a time noiselessly, as the Gods whose feet were shod with wool.—J. A. Garfield.

tion of the head to the left side. (Why not a cerebral gumma?) The special senses, hearing and sight, were affected to some extent.

The above symptoms, which were marked and severe, after resisting treatment by aperients, iron and iodide of potassium for many days, were rapidly and remarkably dispelled by the injunction of strong mercurial ointment well rubbed into the groin until the patient was salivated. The nervous symptoms never recurred but the mercurial sequelæ—such as salivation, soreness of the mouth, loosening of the teeth, and loss of hair—caused some discomfort for a time. The remarkable effect of mercury is noteworthy. The severe nervous symptoms quite cleared up. The tuberculous mischief in the lungs became quiescent. Eighteen months later the patient had put on flesh.

It is ten years since, and the patient is now in better health. She is the sole remaining member of her family. Her brothers and sisters—four in number—were stated to have all died about the age of forty from tuberculosis.

We have seen several such cases in which antitubercular treatment alone produced no result whatsoever. A course of mercury changed things as if by magic. Occasionally a syphilitic history would be obtained, at other times not. But we must remember that women may have been specifically infected without ever being aware of the fact.

HATPINS IN THE URETHRA.

The "monkeying" with hatpins in the urethra is a favorite pastime with some boys, and not infrequently the doctor has to be called in to remove the implement which has slipped beyond our youthful hero's reach. Dr. C. Hamilton Whiteford reports such a case (*Brit. Med. Jour.*, Jan. 6, 1906). The unfortunate was a boy of sixteen. He was pushing a blackheaded hat pin down his urethra, when he lost his hold on the point of the pin and it slipped out of sight. The head could be felt in the perineum 5 inches from the meatus; its point had perforated the urethra and lay in the periurethral tissues, one and one-half inches from the meatus. The pin was removed in the following way: The patient was anesthetized, pressure was made in the perineum posterior to the head of the pin, so as to prevent it passing further up the urethra, at the same time causing the point to perforate the skin of the penis on its under surface. The shaft of the pin was then withdrawn through the skin puncture until the head prevented further progress. The point was then depressed towards the perineum and the pin removed by pushing it head first through the meatus. Recovery was uneventful.

ORGANIC AND FUNCTIONAL DISORDERS OF THE DEEP URETHRA.

Dr. J. M. Thompson (*Med. Rec.*, Dec. 30, 1905) considers the factors involved in these disorders of the posterior urethra and their treatment. The processes of this region that are characterized by persistent or periodic discharge from the meatus or discharge appearing in the urine, he divides into the organic and the functional affections and elucidates the differential diagnosis.

Aseptic treatment of wounds without antiseptics possesses great advantages but is about impossible in private practice.—Burghard.

One immense economic advantage about using alkaloids is that the whole plant may be utilized instead of only root, seed or leaf.

In the organic class are chronic posterior urethritis, chronic prostatitis, chronic seminal vesiculitis and chronic cystitis, all of which show a history of simple or specific inflammation of the urethra, due to the gonococcus, pus organism, or to traumatic and toxic sources, pus being the distinguishing element.

In the functional class are urethrorrhea, phostatorrhea, spermatorrhea and phosphaturia, all the result of abnormal physiological activity, due to sexual continence, excess, indiscretion, or persistent ungratified sexual desire. Pus is not present in the discharge, and this type is non-inflammatory.

In treating the functional disorders, the author emphasizes general hygienic rules and the personality of the physician. Massage and the cold steel sound he thinks valuable in the later stages. He outlines the following plan of treatment for the organic lesions: (1) Gradual dilation with steel sounds; (2) copious irrigation with dilute solutions (pure astringent, pure antiseptic, or antiseptic and slightly astringent); (3) topical applications with concentrated solutions (same as in 2); (4) internal urinary antisepsis; (5) meatotomy when the meatus is constricted, and to permit proper dilation; (6) massage of prostate and seminal vesicles; (7) administration of oleoresins for acute exacerbations and relapses; (3) hydrotherapy, electricity, medicinal tonics and reconstructives.

FALLING HAIR.

I am one of the CLINIC family and I wish to know if you can give me a good prescription that will prevent hair falling out. I know that dandruff is one of the chief causes but where it does not exist it is a hard matter to give a patient any satisfaction, where the patient is not old. I have the ordinary prescriptions but really don't believe in them. If you know of any reliable one it will certainly be appreciated. I want one that will do the work or that you know is good.

S. D. S.

——, Minnesota.

—:o:—

It is impossible to give a "guaranteed" hair prescription; only quacks guarantee results. The following combination, is, however, I believe the best in existence. It is used quite extensively in Paris—where very special attention is paid to the hair—and with good results.

Ac. acet glacialis ...	1.0	(16 min.)
Resorcini	2.0	(30 grs.)
Chloralis hydr.	6.0	(90 grs.)
Formalini ..	5.0—10.0	(75 min. to 2 1-2 drams.)
Tr. cantharidis	10.0	(2 -12 drams)
Alcohol	200.	(6 oz. 5 drams)
Flavoring q. s.		

Where there is much dandruff or seborrhea of the scalp, half a dram of ol. rusci (genuine) should be added to the above combination.—W. J. R.

LUPUS ERYTHEMATOSUS.

I note in the current number of the CLINIC what Dr. T. G. Lusk has to say as to the treatment of Lupus Erythematosus. I will add my mite to the treatment used by me with very good success. As a local application I use the following, recommended by Dr. Madison Marsh in an article in the *Philadel-*

To compel patients to breathe through the nose Fitzgerald applies plaster to prevent opening the mouth. (Try it on wives! Great!)

In living cells the alkaloids are eliminated from the protoplasm and gather in the vacuole. —*The Lancet.*

phia Medical and Surgical Reporter, October 11, 1873.

Plumbi nitras .....dr. 1
Aqua rosae ..... oz. 2.

Apply with brush three times daily.

As an internal remedy I use a tincture of phosphorus and iodine, prepared as described in Tilden and Co. *Medical Journal,* some forty years ago as follows: "Take a roll of common phosphorus, drop it into a quart of good alcohol, and let it stand for twenty-four hours, then take out the roll, and add to the quart of alcohol five or six drops of tincture of iodine. Dose thirty to sixty drops. Useful in fevers, ulcers, syphilis, buboes, gonorrhea and hemoptysis.

G. D. S.

——, Connecticut.

—:o:—

The external application is all right, but this internal remedy is a good example of the uncertain preparations of half a century ago. How much phosphorus each dose contains nobody can tell, while the dose of iodine is infinitestimal, ranging some where between 1-1000 and 1-500 of a grain.—W. J. R.

ALBUMINURIA IN NEPHRITIS AND BRIGHT'S DISEASE.

Dr. A. Stengel, of Philadelphia (*J. A. M. A.,* Jan. 6, 1905) would not underrate the importance of urinary symptoms, but points out that the meaning of a trace of albumin is often made too much of. It is not indicative of nephritis or Bright's disease, unless it appears more or less constantly in considerable amount. The occasional or even the frequent appearance of hyaline casts should not be regarded with too much apprehension. The likelihood of finding casts is increased by modern methods of centrifugation. Even the definite hyaline cast, as distinguished from the insignificant cylindroids of the milder renal irritations, is so frequent in arteriosclerosis, cardiac or hepatic disease, and in gouty conditions, without serious kidney disorder, that its significance is comparatively trivial without corroborative clinical symptoms. There should be frequent examinations of the urine, with due allowance made for its constant or fluctuating condition, in cases of suspected renal disease.

USELESS FORMULAE.

In a monthly publication, claiming a large circulation, we have recently come across a number of formulæ entitled: Prescriptions for eczema. The absurdity and uselessness of such prescriptions will be readily seen, when we come to consider that in the treatment of eczema the name eczema tells us nothing; what is important to know for successful treatment of the disease is the stage and variety. What is useful in chronic eczema is poisonous in the acute variety. And what may be useful in moist eczema, may prove very deleterious in the dry, scaly variety. And again many combinations useful in adults would aggravate matters, and cause severe dermatitis to boot, in children and infants. Cut and dried prescriptions are an unsafe weapon in the hands of the unthinking physician. When they are given, the exact indications, method of use, stage and limitations should be stated.

In dead (ripe) cells which have lost all their liquid contents the alkaloids accumulate in the protoplasm or cell wall.

In very active vegetable tissues the alkaloids occur chiefly in the neighborhood of growing points and in ovules.

GLEANINGS FROM FOREIGN FIELDS

Translated by E. M. Epstein, M. D.

SCOPOLAMINE: A PHYSIOLOGICAL AND CLINICAL STUDY.

(*Conclusion.*)

ANOTHER procedure is not to obtain the anesthesia by the scopolamine and morphine alone, but to join it to chloroform, which removes the patient's dread of the operation, as well as the vomiting and pains on awakening. Terrier prefers this anesthesia especially in laparotomies. We are thus without doubt as to the contraction of the abdominal walls, or the subcutaneous vasodilation. Lastly we can thus diminish the quantity of chloroform to be used and avoid the excitement at the beginning of the anesthesia. In this method only one injection of scopolamine is made one hour before the operation and the chloroform is given before the operation begins.

The innocuousness of scopolamine is according to its defenders such, that it can be administered as an anesthetic even to the tuberculous, to cardiac patients and to the cachectic.

But ether must never be given to continue the anesthetic effect of scopolamine. The vasodilating action of the ether joined to that of scopolamine will augment the chances of pulmonary congestion, or of an acute edema of the lungs the days following the operation.

Scopolamine possesses equal or less mydriatic properties as atropine in the treatment of iritis, keratitis, ulcers of the cornea, in grave interstitial keratitis, and in rheumatic iritis. It does not augment the intraocular pressure, it diminishes pain and never occasions any irritation.

Gutmann insisted that the toxicity of scopolamine is very slight, that he saw no intoxication symptoms after an instillation of even a 0.4 per cent solution, while an instillation even with a 0.25 per cent solution of hyoscine show it plainly. Mr. Illig seeing the fact that the mydriatic effects of scopolamine are less durable than those from atropine, is of the opinion that the former should be reserved for subjects or cases which show great intolerance to atropine. When the dilation of the pupil is needed for diagnostic purposes, Illig thinks cocaine should be used, as its mydriatic action is less enduring than that of scopolamine instillation.

In recent iritis it is possible, according to Peters, to obtain a maximum dilation of the pupil and a rupture of the synechia by the instillation of a scopolamine solution of 0.2 per cent. It is true that the mydriatic effect of scopolamine is less durable than that from atropine and that to maintain it at maximum will require frequent repetition. The same is true with the paralysis of accommodation from scopolamine. It is prompt in action but it lasts less long than that from atropine. Hence it is scopolamine that should, according to Peters, be used when mydriasis is needed for diagnostic purposes. But as to the

salutary direct influence of scopolamine on the globe of the eye in inflammation, which Rhalmann affirms, Peters is uncertain, he not having had a sufficient number of cases in his practice as yet to ascertain it.

Oldenrogue and Yourmann administered hypodermics of scopolamine hydrobromide from 0.0002 to 0.0004 in cases of acute hallucinations, delirium tremens, acute mania, and gloomy vesania. The patients were chronic general paralytics suffering from insomnia, and were in a state of excitement. Except in the patients with delirium tremens, the scopolamine hypodermics acted very rapidly; at the end of five to fifteen minutes there came apathy, unsteadiness of gait, a sense of vacancy in the head, a somnolence, which soon passed into tranquil and profound sleep. The sleep is always accompanied by a considerable pupillary dilation, and the pulse becoming slow and full. The sleep came on rapidly and lasted from three to ten hours, according to the quantity of scopolamine administered. On walking the patients were more calm, did not complain of malaise, seemed to be yet under the calming effect of the medicament; but yet without somnolence.

The action of scopolamine shows itself especially rapid in maniacal excitement and in acute hallucinatory delirium. The patients become calm gradually, and fall asleep if the dose is somewhat larger. There was also some amelioration, although feeble in cases of melancholy with anguish, thanks to the regular sleep and slight apathy succeeding it.

In delirium tremens, however, neither scopolamine nor hyoscine had any influence whatever. There was no sleep even on 0.0015 of scopolamine, all there was was feebleness, the patients continued in delirium, cried and were furious at times.

In chronic forms the scopolamine is as efficacious as in acute; the irritability and the insomnia cease on a hypodermic injection of the medicament, but in any case here we have to treat purely symtomatically. Among the secondary effects we have to notice here are feebleness of the lower extremities, considerable mydriasis, lasting sometimes forty-eight hours and more, a considerable slowness of the heart beat and an increase of the blood tension, which explains the considerable diuresis present.

The repeated administration of scopolamine entails a slight habituation, but the increase of dose is hardly noticeable and the progress is very slow.

Oldenroggue and Yourmann experimented with scopolamine hydrobromide as a hypnotic in lunatics. The tests were made in the military hospital of St. Nicholas, at St. Petersburg and resulted in showing the real therapeutic value of this medicament.

A number of patients were put under the influence of scopolamine, administered hypodermically in doses of one-fifth, one-half and one milligram in different patients. It was found here also that the medicament produced sleep from three to ten hours. To the hypnotic these joined a calming effect also, very noticeable in some patients on their awakening, the maniacs and agitated hallucinants being manifestly benefited by the treatment. But the patients with delirium tremens were not benefited at

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Alkaloids result from katabolism of cytoplasm and secondarily are employed for defense against attacks by animals.—Errera.

F. T. Lord has proved that flies carry and deposit tubercle bacilli in a virulent degree of development. Darn a fly anyhow.

all by the medicament as many times as it was tried on them.

Ernst and Raechelmann advised not to use scopolamine in the aged nor in persons affected with renal trouble. But contrary to the authors mentioned above, Liepelt used scopolamine hydrobromide in patients with delirium tremens with success. In fever, delirium (typhoid pneumonia), and in intense motor excitements of other kinds, he also employed the medicament with success, and administered in proper doses it seemed to be superior to morphine hydrochloride. It acted generally with certainty and gave no bad secondary effect.

Liepelt dissolves one centigram of scopolamine in ten parts of water. The solution must always be made fresh and clean, and given hypodermically, which is not painful. The dosage is to be calculated by the patient's state of excitement, his age, and above all by the weight of his body. Most often four to six milligrams are enough to obtain a calming effect, which makes its appearance and remains four or five hours. The medicament is always well tolerated.

We noticed that the doses of this author are much larger than those of the other authors we adduced. We believe it in place to follow here cautiously.

Rosistlay advises scopolamine in doses of one-fourth to one whole milligram. Bela Szalay advises one and one-half to two milligrams as a sedative in the demented and agitated. This last hypodermically. Oldenroggue and Yourmann say also hypodermically, but in doses of two to four-tenths of a milligram to begin with, and the dose of one-half milligram as the high dose which produces relaxation of the muscles. Only with the habituation which makes its gradual appearance are we obliged to gradually increase the dose, which should always be small at the beginning, viz. two to four-tenths of a milligram.

In ophthalmology Gutmann employs a collyrium of 0.2 per cent, and he says that even with the strength of a 0.4 per cent he never met with an accident.

En resume. (1) As a medicament in cerebral troubles, one-half to one and one-half milligram is the ordinary dose. (2) As an ophthalmic collyrium, 0.2 per cent. (3) As a general anesthetic, one milligram associated with one centigram of morphine hypodermically, repeated one, two and three times at one-four intervals, i. e., the first injection four hours before the operation, or also, as stated above, when the anesthesia is to be produced with the combination of chloroform, then an injection one hour before the operation and the anesthesia continued by chloroform inhalation.—*Revue Therapeutique des Alcaloids.*—A. Houde, November, 1905.

FLY-BLISTERS AND THE KIDNEYS IN PNEUMONIA.

The utility or harm of fly-blisters in pneumonia can not be decided theoretically as a rapid review of the arguments pro and con. for this method, will show. Clinical experience must be appealed to above anything else. The following is what P. Sepet has learned:

1. In all cases of pneumonia treated with cantharidal vesication there was an undeniably evident sedation of the painful phenomena.

2. Three times the defervescence was quick.

Fly deposits may be a source of tuberculosis in man for at least 15 days after their deposit if exposed only to daylight.—Lord.

One part kerosene, one soft soap with six of water forms an effective preventive of mosquito and gnat attacks.—Hammond.

3. The mortality was ten in forty-five cases treated with fly-blisters, while it was nine in thirty-seven other treatments.

4. Inflammatory or septic complications from the blisters are very rare, and simple cleanliness will obviate them.

5. Cantharidal vesication did not seem to produce any really serious disorder in the kidneys, and patients treated without fly-blisters seem to have been affected nearly as bad as those that were.

6. There did not seem to have been any appreciable modification of the urinary chlorides in patients treated with cantharidal vesication.

7. Only twice were noticed some painful cystitis. In sum, cantharidal vesication, which has an evident action on the functional troubles, is not at all culpable of all evils of which it is accused. (*Marseilles Medical*, October, 1905, in *La Province Medicale*, No. 4, November, 1905.)

DIGALEN.

This is a white amorphous powder derived by Cloetta from the leaves of the digitalis plant, This is said to be identical with digitoxin, from which it differs only by its greater solubility in water. It comes in commerce as a watery solution mixed with twenty-five per cent of glycerin. Every cubic centimeter of this solution corresponds to 0.3 milligram of amorphous digitoxin. Digalen is prescribed *per os* in doses of one cubic centimeter of the above solution three to five times a day, taken after meals in milk, or sweet wine, and has results equal to that from digitalis. (Senator, Klemperer.)

In urgent indications of a digitalis action it is recommendable to use an intravenous injection of one and one-half to three cubic centimeters of the above solution in twenty-four hours. The effect from this is immediate. — S. in *Enzykl. d. Prakt. Med.*

DUBOISINE.

This is an alkaloid derived from the extract of *Duboisia myoporoides.* It is said to be identical with hyoscyamine. It is not official. As a mydriatic and paralyzer of accommodation it acts quicker and stronger than either atropine or hyoscine, but the effect from it disappears sooner also. In dementia with muscular unrest it seems to act calmingly and thus be sleep producing. Dose up to one milligram internally, or one-third of a milligram hypodermically.—Heinz, in *Enzykl d. Prakt. Med.*

ACTIVE PRINCIPLE OF YEAST.

Roos of Freiburg has discovered the active principle of yeast and calls it "cedolin." It is a fatty substance and is the therapeutic part which acts in yeast therapy. He used it in many cases of furunculosis and acne and it has proved curative and ameliorating in a very large percentage of cases. The substance contains unsaturated fatty acids, which are the chief bearers of its activity. The action of this substance, which is peculiar to yeast, is difficult of explanation; it may be inhibitive of intestinal sepsis; the acid may reach the skin by the circulation of the blood, and be eliminated in that way. Roos says that cerolin is also slightly laxative without irritation and can be used therapeutically for that purpose.

For several hours preceding menstruation the weight increases at the rate of 1 lb. an hour, total 7 to 9 lbs.—Belfield.

Neugebauer has collected 195 cases where some foreign body has been left in the abdominal cavity by surgeons after operation.

MISCELLANEOUS ARTICLES

THE TREATMENT OF SCARLET FEVER.

IT would seem a matter of supererogation to go into the conditions which exist at the commencement of attacks of this, and other zymotic diseases, and yet, it is just at this point where the dosimetrist or alkalometrist—which you will—stellar-like, shines at his brightest. In the incubation stage our best efforts at abortion are applied. This aphorism must not be misapplied, for the reason that "abortion" is a criminal offense in many states of our Union. However, we do not think that any of them will object to the abortion of disease.

To our incubating stage then let us direct our attention in scarlet fever. We have first the stage of discomfort, what the French call malaise. If we meet this with calomel, juglandin and salines energetically given, we may hear no more of the case. But if we have not been called early enough, throat symptoms may have appeared and this, coupled with the fact that scarlatina cases are prevalent in the neighborhood, warns us that we have a serious proposition on our hands. Then and in addition to our calomel, juglandin and salines, we add calcium sulphide, pushing it to its saturation limit and at the same time adding strychnine as a vital incitant. As a rule, and we speak advisedly from an experience with many cases, the disease ends here. Skin complications are not in evidence and we only surmise that we have had a case of scarlatina from the facts that it existed in the neighborhood and our patient had throat symptoms.

Should our call have been delayed until all characteristic symptoms of the disease have manifested themselves, then our course as previously outlined must be pushed with extra effort, and the elevation of temperature that presents itself should be met by the administration of aconitine and digitalin in connection with the remedies before noted. Should there be exacerbations or complete remissions, then quinine hydroferrocyanide will be in order. But, it may be depended upon, as water relieves thirst, or food hunger, that the symptoms will gradually disappear so soon as the medicinal impression is made. Within twenty-four hours the rash will have assumed its desquamative stage, which will take place without irritation, and your patient is restored to health without the annoying and often serious sequelæ that frequently attend the expectant method, even now in use by many worthy but misguided practicians.

Let me say to you, Brothers, that I know (I do not say, "believe") this to be true. Never has this course failed me, and I have used it many times during the past twenty years.

Chicago, Illinois.

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Ever and always we mistake by judging the possibilities of truth by our own little footrule of knowledge. As one grows into deeper appreciation of the

immensity of what is and the littleness of what we know, he becomes humble and less inclined to positiveness of assertion — and especially of negation. Four hundred years ago the man who might have demonstrated telephonic speech would have been sent to the fire as a wizard without a dissenting voice. Will the absolute inevitableness of the course of the essential fevers be as firmly rooted in the professional belief in another century as now? If not, the credit will be due to brave speakers like Dr. Thackeray who do not hesitate to express their dissent from prevalent views. In most matters we are agnostic—we neither affirm nor deny, but await further light. —Ed.

STIMULANTS AND MANHOOD.

It was Letourneau in his *Sociologie* (1880) who observed that the chief motive for the use of drug stimulants is the desire of man to emancipate himself even for a moment from the ordinary conditions of existence. In the midst of fatigues and annoyances he seeks the refuge — *forgetfulness*, and so have come into use the koumiss or fermented mare's milk of the Turko-Monguls, the bamboo beer of Indo-China, the millet beer of the negroes, the sago wine of India and Malay land, the agave juice, "pulque," of highland Mexicans, the Salivard pepper plant, the Kana that yields the fermented beverage of the Polynesians. Then by distillation the koumiss-derived "arka" and "anak" of the Asiatics and a myriad other dilutions of alcohol.

So tea, coffee, chocolate, kola of West Africa, mate (Paraguay tea) of South America are used from very similar motives. Men seek to forget the hardness of life in *love* and so aphrodisiac roots have been sought and the fish, Fistularia serrata of Java, also an aphrodisiac, and the various filters given with suggestion.

Then a delicious dream effect was sought by the early and some of the later Peruvians from Erythroxylon coca and a similar effect is obtained from chewing betel which is the areca palm nut mixed with lime and wrapped in a betel (Chavica betel) leaf and very much used among the Malays.

The pipe, the narghale (water pipe), the cigar, cigarette, tobacco and opium are now in world-wide use.

Hashish (Cannabis Indica) smoking is confined to the Persia, Asia Minor and Congo districts.

Snuff taking of the south, and the same aristocratically considered among the Bantu negroes and the Kafirs, is indulged in from similar motives.

The Kafirs we are told carry small artistically made snuff boxes in the lobes of their ears. The Amazon Muras take "parica" or the powdered seeds of the niga as a snuff, one Indian puffing it into the nose of another.

One of the most crude forms of using tobacco, practised sometimes by the Kafir, is to scoop a hole in the clayey earth, pass a hollow stem diagonally from the surface to the bottom of this hole, fill the hole with tobacco, and then the Kafir lying down can have his smoke.

Probably there is not a plant or animal on earth that is not to some extent at variance with its environment. This variance causes on the one hand the desire to leave the real and build a dream or sleep world; on the other, to modify

The alkaloidal contents of various parts of belladonna plant vary in different seasons at various periods of growth.—*Red Cross Notes.*

In 1903 belladonna leaf contained most alkaloid in full bloom; in 1904 not till the berries were ripe.—*Red Cross Notes.*

the environment to suit. The essence of the one is dream, of the other work.

Work because, perhaps, of imperfect environment sooner or later fills an ash pan. In the physiological realm this pan is emptied in sleep. In time, enough ashes stick to the side of the ash pan or in other words the cell walls get too thick and the ash pan, ditto the cell, goes to a trash pile. A dream is a departure from perfect sleep. It is work and waste going on during recuperation time. The dream life may grow, make greater demands and dream ursurps work. But there is another motive than the desire to leave the real that prompts the use of stimulant and narcotic drugs. We mention these together because there is a stimulant and later narcotic effect from the use of them.

One late scientist is declaring that most human beings without the help of some stimulant drug-whip cannot make life yield its best fruits. These whips, the authority declares, force the energy out of food and make it graspable by the human motor. This reminds us how in the lives of poets and authors, coffee, tea, opium, cocaine, alcohol and the pipe have been credited with assisting inspiration. Perhaps the judgment would be too hasty to declare that literary products thus obtained are dearly bought or better never have been evolved. Certain it is where the most strenuous life on the part of the polar explorer is required, alcohol at least is a distinct detriment. That it helps sometimes in a pathological crisis we admit, and this being allowed must not the admission also be made that in physiological or work crisis it might for a brief period be a useful whip? And then the opponent in argument will say "yes, and with an aftermath of lesion to the tissues", which is undesirable.

Admitted that stimulant whips may serve to give a higher maximum to human energy, certain it is that those stimulants with which we are familiar do this while inflicting accompanying injury. Tea will to some extent add to man's wakeful working hours and minus its tannin would seem to be the stimulant freest from objection, and yet when used does not its habit victim begin to rely upon it? And after all will he really turn out more work? I doubt it. Although coffee and tobacco are universally used in the navy, where it is to be expected that a man should be fed and groomed to furnish a maximum energy, still the pathological burden that these accumulate is no fancy picture.

We may find aged men that have all their lives used tea, coffee, tobacco and liquors. Some of them may from these habits have lost some fine function that bears no more relation than an amputation for instance to longevity. As the vitals are favored by a loss of limbs it might be proved that to lose a limb meant to prolong life. Doubtless there is much mesh work in the association tracts of the brain that if cunningly cut away would render a man more long lived, even more contented, and more or less undesirably active.

In evolution's processes a pruning of underbrush must go on, some will say, and for this alcohol furnishes a sickle. Yes and a blind power!

The dream that opium gives may burst into the real world as a flower of song or story. That it bursts and saps and

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In 1903 belladonna root contained most alkaloid when beginning to flower; in 1904 most before flowering.—*Red Cross Notes.*

In 1905 the whole belladonna plant contained 0.681 per cent alkaloids; more than herb, leaf or root in 1903.—*Red Cross Notes.*

inebriates a hundred times to give the world one flower we must also admit.

But even here an argurer may say, "And is it not by similar loss of a million lives that mutation gets the one new species and is it not worth while to poison thousands of drones to get a genius from which to breed a higher race." Yes, but here again we are arguing for chance results, letting loose a blind destructive agency. Man must see his way to higher things. He now comprehends natural selection and mutation and just at this instant the former, as Darwin stated, is in the instance of man becoming inoperative.

At least to assist the higher evolution of man and to add to his desirable works stimulants and narcotics such as we have today are very crude and expensive tools. The desire for them is with the race and it is up to the present century to turn this desire upon something less harmful or to breed a race that is too strong to need such whips and refuges.

How such a "superman," as Bernard Shaw calls him, can be bred is a question already beginning to be answered. Most men ask to be pleased, thrilled, entertained, amused, sense gratified and praised. Those who thirst to learn and understand; those who are happy in thinking and solving problems are the comparative few. The former class come quickly up against the grind of life and there seek the refuge referred to by Letourneau. The unhealthy brain worker seeks a drug to cure and stimulate but his motive is different. A well organized man with a brain that hungers to attack problems is the ideal or superman. Such an one would naturally possess a minimum of the desire to enter the dream of *sleep poison* refuge. The human race in its past has bred haphazard and the result is that many brains seek nothing above sense delights and yet these same brains are equipped to think, though the equipment is often disordered. The many who are hunting for thrills, sense entertainment, etc., cause others to exploit them and they in turn exploit, for exploitation does not require a high grade of mentation.

There was a time when the highest known pleasure of the subman was sense pleasure. Some mutation produced a *freak* and an inventing, calculating thinking man was born. He could not step down to the subman so he is lifting the subman up to him. To go further would be to launch into theoretical sociology. I have gathered some of the fact and thought of this paper from Deniker, De Vries, Bernard Shaw and others.

C. E. Boynton.

Millville, Cal.

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This paper is full of thought and is worth pondering over. The "superman," the man of strength, determination, energy, resourcefulness, hope—the really *big* man—has no need for the artificial stimulation of alcohol and the narcotics. To depend upon them is a sign of inherent weakness. Don't do it Brother.—Ed.

RHEUMATISM.

For the past ten years I have suffered with rheumatism to a marked degree and for many years previous, to a limited extent, also have had dyspepsia with hyperchlorhydria, butyric and

Wheat husks contain some of the rarer and most essential nutritive properties of the grain besides mechanical uses.—Wallian, *Med. Rec.*

Refuse in food is too generally overlooked; wilfully rejected by invalids to whom it is of the utmost importance.—Wallian, *Med. Rec.*

acetic fermentation, even albumen in the form of eggs fermenting; all raw fruits also ferment. Generation of gas and regurgitation of food to an unpleasant amount is and has been almost a daily experience.

Both diseases originated in army service forty-two years ago. Since I began reading the CLINIC I have noted the dependence of the rheumatic upon the stomachic condition. When I have an exacerbation of dyspepsia the rheumatism becomes worse. Five grains of zinc sulphocarbolate after meals for a few weeks relieves stomachic conditions which being followed by eight grains of acid salicylic, another antiseptic and antirheumatic, the rheumatism is relieved.

By eternal vigilance as to quantity and quality of food and these two remedies I hope to make life worth living for the allotted time.

G. A. HARMAN.

Lancaster, Ohio.

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This illustrates again the truth of the statement which we have so often made in the CLINIC, that rheumatism (and a good many other diseases) is really dependent upon an improperly functionating digestive tract. The fermenting, decomposing fecal mass in the bowel poisons the whole body. Moral! Quit your dietetic meanness; keep properly cleaned out with small doses of calomel, podophyllin and other liver stimulants, followed up with morning doses of saline; keep the whole intestinal tract as clean and sweet as possible with the best intestinal antiseptic obtainable—sulphocarbolates; then rid the system of the accumulated and organized poisonous waste with calcium carbonate and colchicine, properly combined. The value of the salicylates undoubtedly depends largely upon the fact that they are intestinal antiseptics, as you suggest.—ED.

REMARKS ON THE "NEW KNOWLEDGE."

Your views on pneumonia in the November CLINIC, differ widely from those of Osler, Bevan and others who are, on some subjects, regarded as authorities. But when they come to deal with therapeutics they simply humilitate the profession by their pessimistic views. These views are based upon someone's else "say so" or their own experience with results of prescriptions filled at any old drugstore, or at some hospital pharmacy, which selects its drugs by name from the cheapest offered. Any medical man who has seriously attempted to buy pure drugs—if only olive oil—from the ordinary drugstore, in recent years, can judge of the value of the opinions so glibly put forth by these gentlemen who would be simply astounded if a patient asked them to see to it personally that their prescription was properly filled (but in the meantime the pneumonia mortality keeps climbing). Thank the Lord for a journal of such wide circulation as the CLINIC that is not afraid to point out the truth and is able to point it out so plainly and so well. Now then—listen to the chorus from the brethren! "Oh! but these men you are criticising are so scientific."

Well no one can criticise when it is science, but may the good Lord deliver one from such stuff as is not unfrequently ladled out to us privates in the med-

Butlin says cancer is a parasitic disease; its life history not yet discovered outside the human body.—*Medical Record.*

The Bill for the restoration of the canteen in the army is supported by all the true friends of the soldier.—*Medical Record.*

ical army as science. Let me as a private in the rear rank point out a recent notable instance which, from the circumstances of the deliverance, is seemingly endorsed by the Universities of the great state of Michigan and the equally great province of Ontario. On October 4 1905, Victor C. Vaughan, Dean of the Medical Department of Michigan University, delivered an address at the opening of the Medical Department of Toronto University, which was published in the November issue of the *Canadian Journal of Medicine and Surgery.* In this address, after pointing out that Lord Kelvin estimated that the largest atom had a diameter of less than 1-50,000,000 of an inch he went on to say: "It was supposed until the discovery and study of radium, that one chemical element is never converted into another, and consequently that the number and kinds of atoms is fixed and unchangeable. However, it has been found that the x-rays of radium consist of most minute particles, which, when confined in glass condense and form another element, helium."

The word "form" in this sentence is a stupendous assumption. How does Dr. Vaughan know, or what evidence can he give, that the minute particles were not helium before they separated from the radium? How does he know that radium, before the helium separated from it, was an element at all and not a compound of radium and helium, and possibly many other substances?

"With this demonstration of the formation of one element from another it is within the range of sanity to suppose that all the elements have been developed from a primordial ancestor, probably from the universal ether which pervades all space." (Isn't it easy? Make an assumption—the broader the better—then call this assumption a demonstration, and, presto—the scientific wizard has wiped the Deity out of the Universe.)

"Nothing has been created; everything has grown." (If these statements are true, no assumption is needed to see that the universe and Mrs. Stowe's Topsy are of the same genus.)

"Even silver, iron, and other metals came into existence by being cast off from some common ancestral element. The atomic weight of radium is 225 and that of helium 2.02. It would seem from this that an atom of the former breaks up into about one hundred atoms of the latter, and in this way a new element is born, although in this case it is probable that the mother atom is split into two or more kinds. It will be seen from this that even atoms may be split up. Indeed, there are reasons for believing that the hydrogen atom consists of a muscular ion about which some 700 particles or electrons revolve, and an atom of mercury is believed to consist of not less than 100,000 electrons." (How does Dr. Vaughan know that these 700 or 100,000 electrons are not each of them an element in the chemical sense?

"Atoms and electrons are in constant motion, and so small are they that the distance between them may be relatively as great as those between the planets and the solar system." (Suppose for a moment that there is some truth in these marvelous guesses, would they not tend to illustrate the infinite minuteness of God's creation just as the Universe shows the immensity of his handiwork instead of demonstrating his nonexistence?)

Rome went 600 years without a doctor, says Pliny. Gloating over human suffering the Roman did not study to relieve it.

Out of thirty-two specimens of canned foods New Hampshire found three that were actually free from adulteration.

Really, Mr. Editor, do you think the average taxpayer in Ontario and Michigan would approve of their money being paid to men for advancing, or for Universities for endorsing such twaddle in the name of science? And is it not time these leaders got out of the dead house and laboratory and paid some attention to curing living patients?

GEO. M. AYLSWORTH.

Collingwood, Ont.

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The marvelous development of the "new physics" within recent years is opening up new vistas for speculation. At present, as Dr. Aylsworth well shows, the whole subject is largely speculative; but we sincerely believe that out of it science will be greatly strengthened in the end, and this without the sacrifice of any of the truths or ideals which we hold dear.

Many scientific men are questioning the nature of electrons, those minute somethings which revolve ceaselessly, like an infinity of moons, about the minutest of atoms. They explain electrical phenomena as nothing else has, throw light on physiological processes and promise to make more clear the action of our remedies within the body. And yet, men like Crookes and Ramsay doubt the materiality of these minute energies —at least as we understand matter. Do they stand at the borderland between the spiritual and the material? Who knows? Personally we believe that the pendulum is swinging back from the extreme materialism of the last two decades. At any rate we may be assured of this, that the world has nothing to fear from real *knowledge*—the truth should hurt no one, and mere speculation need not worry us. We can withhold judgment for the present.—ED.

MEDICAL LEGISLATION.

There are in Wisconsin representatives of several medicine companies, and these fellows, not pretending to be physicians, are traveling from house to house selling proprietary remedies, giving recommendations for their use and in some cases the indications. These are so scattered abroad that a doctor cannot stay in the small towns, so the people have to send to the cities for doctors at high prices and to the exclusion of a large part of the profession who are just as capable and more worthy than those who get their regular rightful business.

These remedies are put up at an expense of from five cents to forty cents and sold by uneducated, unprofessional men at from fifty cents to a dollar a bottle and to people who know nothing of their contents or their right use.

A regularly licensed physician in the state is required to have a four years' course in medicine and then must submit to a state board examination. He is liable to prosecution if he prescribes before he is licensed. Then again the druggists practise medicine here more than the average physician. He has the whole list of nostrums on his shelves and he sells them to whom he pleases and puts up whatever he thinks will help in the case. The treatment of several diseases has practically passed out of the hands of the doctors into the hands of the druggists. The writer is in favor of a law forbidding absolutely the canvass and sale of drugs from house to house,

New Hampshire found no adulteration of condensed milk or of spices; but 83.3 per cent of vanilla and catsup; 100 per cent of lime juice.

New Hampshire reports 43.5 per cent adulteration of maple sugar and syrup; 87.5 per cent of ext. lemon; 56.1 of meat; 45.2 all foods.

and requiring all remedies sold without the prescription of the local physician to have upon the bottles the different drugs in the remedy and the proportions of each, so that the people can know when they are taking an aqueous solution of red pepper at a dollar a half pint, and when they are taking strychnine or opium or belladonna or some other drug dangerous to people who do not know physiological action.

We doctors have been making it hard for the doctors; let us have a change and make it hard for the quacks and the peddlers and the money changers.

It is the writer's misfortune to have spent eight years of hard study in leading colleges and he is still unable to practise in any state except Wisconsin and unable to find a place there where an honest livelihood can be obtained in the legitimate practice of medicine and surgery. The changes in the law of the states in reference to the practice of medicine are so rapid that by the time one is qualified under the law as it exists, another is enacted disqualifying him. This is exactly true as to the writer in reference to the state of Michigan and he is banished from his native state, New York, by its technical preliminary requirements.

Let us help one another rather than the root and water men.

F. S. F.

——, Wisconsin.

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The CLINIC is heartily in favor of every movement which will protect the doctor in his own rights, drive out the drug peddlers and put a stop to the practice of drug-shop dispensing. In some states (we think in Illinois) this hucksteering of patent medicines from house to house is forbidden by law; it ought to be forbidden in every state. There ought to be a united effort by all physicians through their medical societies to see that proper justice is meted out to these pestilent parasites who are preying upon the people.

Like our correspondent we believe that the honest doctor should "be taken care of." We need stringent medical legislation, but it should not be made a burden to the straightforward man. The great need of today is reciprocity between the different state boards. Can we not help to bring this about?—ED.

DOCTOR AND DRUGGIST.

Much has been written concerning the strained relations existing between the doctor and the druggist, the latest absurdity coming to my notice being an article entitled "The Pharmacist or the Coroner," saying that people and patients must be protected from the dispensing doctor, or the coroner called when a death occurs, implying the ignorance or inability of a physician to prepare a remedy for administration.

So long as the educated(?) pharmacist holds such views (the article referred to was published in a leading drug journal and written by a gentleman of the trade), the relations are apt to remain strained. Let us see where the danger lies. If the dispensing physician is more likely to err than the druggist the best example we can take is in dispensing of such drugs as strychnine, arsenic, aconitine, etc., as they are the most toxic, hence require the utmost care in despensing.

Earache: During first few hours relief follows application of adrenalin, 1-1000 solution, to tympanum.—Dr. Schooling, Kas.

If incised wounds in soft parts do not heal as readily as they should, examine the urine for sugar.—*Am. Jour. Surg.*

A modern dispensing physician desires to prescribe, say strychnine, and goes to his medicine cabinet and takes down a bottle containing granules or tablets made by a reliable pharmaceutical house, each granule contains the exact dose he desires to prescribe. He counts out the desired number, places them in a small box or envelope and writes directions plainly, and in addition explains them by word of mouth with specific instructions to "keep them out of reach of children," and the patient leaves.

Supposing he writes a prescription. It is taken to the average drugstore, not presided over by a physician. The druggist while he is making his solution stops to sell a bottle of peruna and a corn plaster, his drug meanwhile lying loose on the scale, catching loose dust blowing in from the open window behind the prescription case, or partly blowing away. He returns to his work and has it gathered up and transferred to a mortar, which we will consider clean, and is again interrupted to sell a bottle of Puffin's regulator, but the messenger finally gets home with the medicine.

Which is the safest or the most accurate?

Now the physician who understands prescription writing gives the most accurate directions as to how his prescription shall be prepared, and yet the egotistical and educated (?) druggist says he is too ignorant to prepare it and in some states has created a committee of politicians to try to secure the passage of a law to prevent physicians dispensing medicines (see the proceedings of the last meeting of the Illinois Pharmaceutical Association). Now Brethren after this law is passed if you are called to a case of threatened heart failure in the country it will only be necessary to send to your nearest educated (?) pharmacist to come and administer a dose of glonoin and strychnine, which modus operandi you are of course too ignorant to understand.

Politicians have secured for themselves fat offices with exhorbitant fees in having, boards of examiners in the various states to examine men as capable, and in many instances more capable than they. Will physicians continue to submit to this vicious un-American, medico-political bunco-steering of the medico-politico-pharmaco-politician? I say let him work or let him starve. Places where drugs and medicines are sold should be presided over by regularly graduated physicians who know the evil effect of drugging and dosing with nostrums. This offers the public the greatest protection.

JOHN A. WELSCH.

Farber, Mo.

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There is room for both the educated pharmacist and the educated physician. There is no room in either profession for ignorance or dishonesty. We heartily believe that there is a moral awakening in both professions that will result in higher standards which will make the position of the doctor-quack as untenable as that of the counter-prescribing, booze-dispensing drug-shop quack. We have no place for either.

Any effort to interfere with the physician's dispensing his own remedies is bound to fail. Every instinct of common-sense and humanity forbids it. But closer relations between the two professions may and should be cultivated, with

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In breast infections failing to heal in reasonable time after cut and dressing think of tuberculosis.—*Am. Jour. Surgery.*

Do no radical operation for tongue ulcer without preliminary microscopic examination; clinical symptoms mislead.—*Am. Jour. Surg.*

profit to both. Dr. Welsch's suggestion that the druggist should be a doctor does not appeal to us. It is far better, in our opinion, to raise pharmacy to the dignity of a real profession, one which will give full scope to the best energies of educated men.—Ed.

MAKING RAPID PROGRESS.

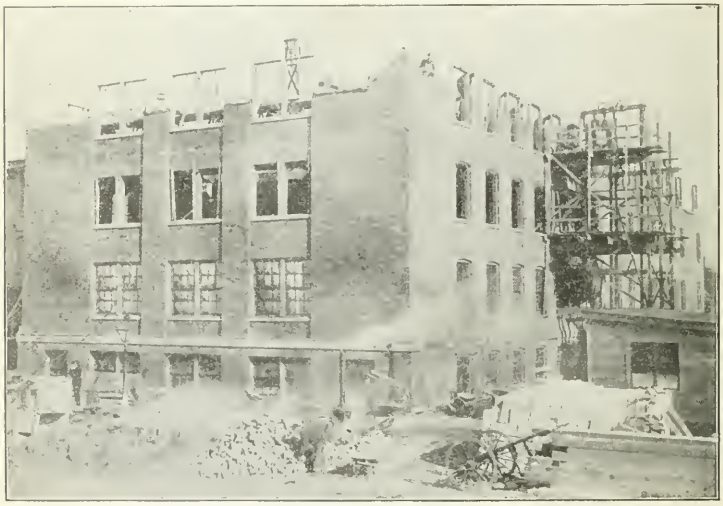
The very great interest manifested by our subscribers, especially our cooperatives, in our rebuilding, is encouraging, and the fact that we can report rapid progress is gratifying to ourselves as we sincerely hope it will be to our friends.

A glance at this picture in comparison with the one shown last month will abundantly verify our claim.

An envious would-be-competitor, after our fire, said: "Well, that'll fix Abbott." Don't you believe it! This has long since ceased to be a personal matter, but if its promotor had been the kind to "down" he would have been downed years ago by the tardy response of the medical profession to the truth promulgated.

But among those who have given conscientious thought, all this has passed away, while much to our gratification others, more conservative, begin to "take notice," all of which constitutes a support that renders a material "knock," like a big fire, really a "boost," in that it segregates our friends from our enemies and shows us where we stand.

Thank God the number of our enemies



Still Climbing—February 10.

When palpating the common bile duct for stone make sure a suspected calculus is not a gland.—*Amer. Jour. Surg.*

As a last cleansing after curetting the uterus introduce and at once withdraw a gauze packing.—*Am. Jour. Surgery.*

is few and is rapidly growing less, while the multitude of our friends is increasing rapidly.

We are honest and genuine and you know it! We stand by the doctor in all things and it is that in which you believe!

We believe in the rights of the individual and that they cease when their exercise becomes a menace to society.

If the CLINIC has been strenuous in the years gone by we say to you right now, aged thirteen, that we'll be a good sight more so in the thirteen years to come.

PNEUMONIA EXPERIENCE.

In one of the great Eastern weeklies Dr. Andrew H. Smith gives a five minutes' talk on pneumonia, in which is admirably compressed the essential data of the pathology of this disease as seen in modern circles. From first to last, it is the pneumococcus and the entire symptomatology of pneumonia is attributed directly and exclusively to the operations of this microorganism and the effects of its toxin. This, however, has never been proved and is unprovable. It is contradicted by clinical experience.

In the hands of the germiologist the entire vasomotor theory disappears. What are we to gather from this? Were the precise accounts of circulatory perturbance, diapedesis, rupture of vessel walls and escape of their contents, fibrinous exudations, etc., wholly imaginary? Were they never based on genuine observations, but simply constituted like Smith's theory, an attempt to explain the actual occurrences by a suppositious account drawn from the author's belief?

Suppose we accept this belief—what then are we to do? Shall we leave the firm moorings of the experience which has served us so well and sink into utter hopelessness and puerile inefficiency until the antitoxin is discovered? Or shall we make the legitimate application and saturate the patient promptly with the sulphides to destroy the infectious elements?

The student of medical history is perfectly aware that medical beliefs and theories are not based on knowledge but on fashion. There has been a constant succession of hypotheses, which have been received as working theories, on which therapeutic methods have been based with more or less success; but each of these has been in its turn set aside for a successor.

What then are we to do? On the one hand we have the vasomotor theories upon which is based a therapeusis, logically deduced therefrom, which has afforded highly satisfactory results, evoking, in fact, genuine enthusiasm wherever it is put intelligently to work.

We have on the other hand, a theory so utterly barren that all its advocates strenuously deny the possibility of effective intervention in this disease. There is "nothing to do," say they, but to wait for the antitoxin; thereby placing in the hands of any shrewd commercial intellect the opportunity of making a "killing," paralleling that made by the introduction of tuberculin.

This may satisfy some who stand for theory instead of fact—who delight in post-mortem evidence of verification of diagnosis rather than working evidence of practical therapy, but it is not our style, neither is it the position held by

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The perinephric space is a frequent site of metastatic inflammation after furunculosis or other sepsis processes.—*Am. Jour. Surg.*

I will give an extra dollar for a CLINIC devoted to a classified collection of the footnotes.—W. H. Blythe, Texas.

the majority of the most active and most successful men.

The treatment of pneumonia has ceased to be a theory with us, nor is it based upon an hypothesis whose only fruit is "Dead sea apples." We *know,* and thousands of physicians who have put these facts to the test also know, that pneumonia is a curable disease.

We are constantly receiving little items from readers of the CLINIC, such as this from an Iowa doctor: "Twelve cases of pneumonia, ranging from eighteen months to eighty-two years, all pulled through under alkaloidal treatment; no deaths from this disease in my practice in 1905."

This is the general tenor of the reports which come to us from doctors who use the alkaloidal methods in the treatment of pneumonia. The deaths recorded are so rare that we are hardly ever called upon to report them. Now why is this? According to all the so-called "authorities" from 20 to 40 per cent of pneumonia cases should die. When, therefore, a large and growing class of physicians lose so few cases that they have ceased to list pneumonia among the "dangerous" diseases, is it not worth while to investigate the methods with which they are obtaining such results?

Following this introduction we print some letters received from different members of the CLINIC family. Not all use the same *detailed* methods of treatment which we usually employ and recommend, and which we have found most satisfactory. Nearly every doctor has worked out various modifications which in his own hands give better results. This is as it should be. The doctor who succeeds must think for himself—does think for himself; he must go personally to the bottom of every problem. But it is a fact worth noting that with hardly an exception these men adhere to the basal principles of treatment which we advocate. Mistaken methods show up here and there, but through mutual criticism and by careful tests at the bed-side we are able to eliminate our technical faults and perfect our methods.

Now Doctor, since we are sure that you want only *the best*—that you are anxious to cure the cases of pneumonia that you are now losing, we earnestly urge you to try what we have to offer—the method of treatment which we have so often urged through these columns, and the details of which you will find elsewhere. Pick flaws in our arguments all you please, show us where this method of treatment is weak—but do not do this on purely theoretical grounds; no criticism can be considered entirely fair and just which is not based upon actual experience. Criticise all you please—but try the method first.

AN IOWA EXPERIENCE.

As regards the treatment of lobar pneumonia, the general profession is much at sea. We know very promptly how to treat malarial diseases, and upon this treatment the profession is a unit. The same may be said of the various heart lesions, the operative treatment of appendicitis, diarrhea and a number of other affections.

But when it comes to the treatment of pneumonia we are not so united or sure in our therapeutics. One has a fad in heroic doses of quinine alternating with equally enormous doses of tr. iron chlo-

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1905 mortality: Chicago, 13.67; St. Louis, 15.05; Phila., 17.25; Boston, 17.31; N. Y., 18.23; Baltimore, 18.70.—C. J. Whalen.

Chicago is the most healthful of all the large cities of the world. Of 525 deaths last week 113 were over 60 years of age.

ride, in fact, so great are the doses that the majority of us would hesitate to try it. Others mix up with their uncertain and expectant (?) treatment the use of external applications, some using ice-bags—others hot mush or flaxseed poultices, others again the clay-glycerin pastes with more or less extravagant claims for each treatment.

Every honest practician must admit, that whatever merit these different treatments may possess, they are certainly far from uniform, both as to method and results. Would it be excessive to say we have no treatment for pneumonia? Now I know you claim to have devised a treatment with which in your hands and those of your disciples, you have almost uniformly *definite and successful results*, not only with a slight mortality, but often aborting the disease, long before the usual nine days' crisis.

Laying prejudice—unworthy of any intelligent man—aside, and admitting our general helplessness in this most dreadful disease, why not try the claims you make, especially when founded on fairly rational ideas?

Well, this is what I did in a recent case. Mrs. S. J., a finely built woman of fifty-two, of good habits, and family history, but the possessor of an old valvular lesion of the heart, came down with lobar pneumonia of the right lung. The diagnosis was typical and easily made; fever, pain, rusty sputum; confirmed by auscultation and percussion; and the presence of the pneumococcus left no doubt.

Owing to her age and the old valvular lesion, which several times before had caused her great trouble, such as orthopnea, edema of the legs as high as the knees (there was a history of acute articular rheumatism), and the social standing of the patient, the case caused me great anxiety, with a premonition, notwithstanding my usual optimism, that I would lose her.

Well, I instituted the alkaloidal treatment. First I gave her 2-grain doses of calomel, three times in thirty hours, followed by magnesium sulphate, and later on with castor oil and high enema, which made a thorough house-cleaning. A united dose of 1-4 grain morphine with 1-30 grain of strychnine to control pain, which was repeated once during her sickness. Two 1-67 grain pellets of digitalin, 1-134 veratrine and 1-250 of atropine every two hours till a 130-pulse got to the sensible rhythm of 80 and staid there—then the above every three or four hours, as needed. Also I gave her every two hours 1-30 grain doses of sanguinarine nitrate.

For about three days this was kept up, then, having no more trouble with fast pulse, I omitted the veratrine and substituted strychnine arsenate, 1-30 grain every three hours, till I got muscular twitching, when I reduced the dose to 1-134 grain every three hours. Fresh air, milk, egg-nog, soft-boiled egg, and similar diet gave the necessary support.

On the night of the fifth day, we had delirium with hallucinations, carphology and visible heart failure, thready pulse, intermittent and irregular heart and great weakness. Having had sleeplessness, I gave her 1-8 grain morphine sulphate with 1-100 grain hyoscine hydrobromide and we got sleep with lessened nervousness. I gave one-half ounce brandy every two hours, with digitalin gr. 1-67

Principal causes of Chicago deaths last week: Pneumonia 71, phthisis 59, violence 41, Bright's disease 40, heart disease 40, nervous 25.

The large number of deaths by violence are accounted for by the difficulty of inducing a Chicagoan to die naturally.

every hour during the heart crisis, and on the seventh day I was rewarded by a successful early crisis.

The patient made from there on an uninterrupted recovery, with occasional lapses of intermittent heart, her old habit. The lung is completely cleared up, and I feel a great burden removed. (There were no bulletins published.) I had the assistance of an efficient nurse who did exactly as she was directed, and all seconded by a tractable and lovely patient. There were also other minor details of treatment interjected which your followers have so often given, I will omit them here.

Of course, one swallow does not make a summer, but even one swallow is better than none. So I shall try a similar treatment on my next pneumonia patient, reserving always the right to vary the treatment according to the emergency of the case. While in twenty years of practice my pneumonia mortality has been very light, yet I attribute that to the vagaries of practice rather than to my especial ability, and also to the fact that my practice has not been among the depraved and vicious, but rather among the better class of a semi-rural population of small cities.

Nevertheless, I shall hail with gladness anything which offers even a suggestion of certainty for our hitherto uncertain and chaotic state of pneumonia therapeutics.

C. F. Wahrer.

Fort Madison, Iowa.

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What the mischief do you mean by not letting that patient die, Doctor? Don't you know that you are unworthy, unprofessional, a genuine quack, for thinking for a moment that you can do anything for pneumonia? Great Scott, Brother what are the doctors in Iowa coming to?

The world is all agog over consumption and yet today, especially in the cities, more people die from pneumonia than die from consumption, while you know that at least half of the cases of consumption result from pneumonias that do not pass from the stage of resolution back to health again. Despite our experience of twenty years, despite the experience of thousands of physicians all over the country, our findings are too often poohpoohed at by men who should be wise enough to investigate these things for themselves.

The medical profession is today divided into two great classes: those who "know" that these great truths of exact therapeutics "can't be" and won't try them; and those who know that they *are* truths because they have demonstrated them in practice.—Ed.

PNEUMONIA: A DESPERATE CASE CURED.

Having followed the dosimetric method for treating pneumonia for more than ten years, with uniform success, I feel that it would be useless to go into extensive detail regarding the management of each individual case. This has been so frequently done in the Clinic by the many practicians who have reported their cases, that most of all I might add, by way of proof, would only be a repetition of what has been repeated over and over again. When I began with this method I must admit that I was exceedingly skeptical as to any such claims as

198,002 lbs. meat condemned at Union Stockyards last week by Health Department; 32,395 lbs. in the retail markets.—Whalen.

For exaggerated reflex or sexual irritation give camphor monobromide gr. 1-6 to 1 every fifteen minutes to an hour.

were at first made; especially as to those claiming to abort the disease.

Notwithstanding my unbelief, which may be said to have bordered on nihilism, as regards any effective method of controlling a disease, which all previous authorities had been teaching was limited to a period of from six to nine days, I determined to fully test the new method and prove or disprove it to my own satisfaction. So marvelous has been my success in aborting the cases which were seen early, as well as the satisfactory control of those seen later, that pneumonia no longer brings to my mind that utter, hopeless dread which it previously did when called upon to face it.

Not wishing to make this article too long, I shall only cite one case. This was to my mind the most hopeless I have ever seen, to have recovered. It was that of a little girl some twenty months of age, who had been under the care of another physician for one week. I was told that he had abandoned the case to die, as it had only a few hours more to live. And indeed such seemed to be the case. The father asked me if I thought I could save the child. I told him it looked like a hopeless case, but I thought the right thing would be to see if something could not be done.

The child was unconscious, and had been for some days. The pulse was so feeble that it was impossible to count it, and the respirations were somewhere about 60 or 70 per minute. The temperature in the rectum 104° F. The upper lobe of the left lung was consolidated; the abdomen distended and tympanitic, although I was told that the bowels were loose, having acted frequently. The child was given the dosimetric trinity No. 1, according to the rule for dosage; also sulphocarbolate zinc for the bowels with small doses of calomel. Turpentine and oil to be rubbed over the abdomen, and 30 per cent of ichthyol with lanoline and vaseline on the surface over the involved lobe, then a flaxseed meal poultice covered with absorbent cotton completed the dressing.

Some four hours afterwards, about 7 p. m., I was informed by the nurse that the temperature was 105.5° F. I soon called again and placing twelve of the trinity granules in twenty-four teaspoonfuls of water directed that a dose be given every fifteen or twenty minutes until the temperature was reduced to not lower than 100° or 102° F. taking the temperature every hour to avoid over-dosage. This was kept up through the night and when I called the next morning at 8:30 the temperature was 104° F. and had not at any time been lower during the night. I instructed the nurse not to try to reduce it any lower, but to continue to hold it at 104° F. until I saw the child again in the evening. At this time it had fallen to 103° F. The treatment was continued, the bowels had moved, the pulse and respirations were slightly better, and the next morning the temperature was 102° F., in the evening 101° F. and on the fourth day I told the mother her child would recover.

As the fever diminished the intervals between the doses were increased. On the fifth day I found the air entering the affected lobe clearly; but on the sixth I found the lower lobe of the same lung involved: I immediately resumed the trinity granules in dose sufficient to hold the temperature down to 100° F. and in forty-eight hours

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The nervousness that comes from overwork, grief or worry is soothed by nickel bromide gr. 1-6 every fifteen to sixty min.

Neuralgia: Any volatile oil may benefit by strongly stimulating the nerves through the stomach and arousing reaction.

I again had the disease conquered. From this time on the progress toward recovery was satisfactory and complete.

What other method could have accomplished all this? What other remedies could you have exhibited in such a case as this, with such mathematical precision? Certainly not the scheme laid down in the text-books of the past. What would you have accomplished in such a case with your whisky, quinine, cough syrups, etc.?

While I have said enough, I wish to add one more thought and that is, never attempt to reduce a fever of any kind below 100° F. and never attempt it without the aid of a clinical thermometer, used every hour, to avoid over-dosing when using aconitine. This preparation is definite and certain in its action, and is powerful for good or evil in accordance with its use.

James Thompson.

Kansas City, Mo.

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And yet they tell us "there is no treatment for pneumonia"!—Ed.

DOSIMETRIC JUGULATION OF PNEUMONIA.*

Two cases of pneumonia coming under my care last month are of interest, both in themselves as well as from the circumstances which produced them. Both cases came under treatment the 18th of November last, the first snowy day in Paris. Thanks to dosimetry and its wonderful weapon, the trinity, we were able to jugulate the disease without waiting for the fateful fifth, seventh and ninth days. Better still was the very curious fact that on the third day the fever was jugulated, the disease conquered in one case in the morning and in the other in the evening.

I will give here a summary of the two cases, and say a word or two about dosimetric jugulation. We older practicians of dosimetry, know well its truths and its laws, but it may do some good for the younger ones, the timid and timorous ones, who after reading this may dare to try this method so full of success, and which will give them, too, much more satisfaction than the expectant medication, officially taught us, with all its train of deceptions and vexations.

Case I. Mrs. G., forty-nine years old; robust constitution; residence in the country. She came to Paris November 17 to pass a few days with her children and to be present at the baptism of her grandchild. Her children made her visit Paris on the 18th, which was a snowy and rainy day. Returning home towards 5 p. m., she was taken suddenly with a feeling of general malaise, intense pain in the small of the back, which disabled her from doing any work. A short time after that she had a sudden violent chill, lasting about a quarter of an hour. Soon after the temperature rose and fever became established. I was called about 6:30 p. m., and found the temperature 39° C. (102.2° F.) The patient complained of thirst and headache, and pulse was frequent.

On examination the patient complained of an intense stitch in the right side, aggravated on the least movement, cough and inspiration. The seat of the pain was a little below the nipple and out-

*Translated from *La Dosimetre* by Dr. Epstein.

The Preacher says: "Let us pray." The Practiser says: "Let us smile." Long face never went with broad experience.—Purington.

Your heart won't keep fresh in cold storage. Most people are to human to be humane. Only small fish travel in shoals.—Purington.

side the mammilary line. The dyspnea was also intense, and the respirations forty per minute. The cough soon made its appearance but was little accentuated as yet. On palpation we felt an exaggerated thoracic vibration when we made the patient speak.

On percussing, the thorax was more than naturally resistant under the finger, and the sound was dull. On auscultation we found the respiratory murmur enfeebled.

In the presence of this fever and congestive phenomena we believed we had the right to think we had a clear case of pneumonia to deal with here. And proceeding from the dosimetric principle, that "the fever is the enemy," we made the effort of combating it with the dosimetric trinity, and prescribed as follows: (1) Apply to the affected side twenty-five or thirty dry cups. (2) Hot drinks, grog, ptisanes, ad libitum. (3) The same evening a tablespoonful of saline laxative in a glass of water to clean out the bowels, which on palpation we felt to be encumbered with fecal matter, and also to render the absorption of the alkaloidal granules more rapid and efficacious. [We also emphasize the importance of using the sulphocarbolates for the purpose of "keeping clean" preventing fecal absorption and gaseous distention.—Ed.] (4) After nine o'clock in the evening the patient was to take every half hour the compound granule known as the dosimetric trinity.

We saw the patient next day, the 19th, at 9 a. m. The purgation brought away three black nauseating stools. Temperature 39.5° (102.5° F.) There was some vomiting.

Ausculation gave crepitant rales, fine dry bubbles, strikingly felt by puffs under the ear (*eclatant par bouffees sous l'orcille*). The stitch in the side persisted. We prescribed the following regime and treatment: (a) Mustard plasters to the back and breast both to the healthy and the diseased side, every two or three hours; (b) every half hour a granule of the defervescent trinity reinforced with a granule of pilocarpine nitrate: (c) if necessary for the stitch in the side, wet cups; (d) for alimentation of the patient, bouillion, milk; (e) for quenching the thirst, hot drinks; (d) for vomiting, champagne; (g) clean the mouth thoroughly with sodium borate; (h) continue the clearing of the intestines with half a tablespoonful of saline laxative.

On the evening of the 19th, the temperature was 39.9° C. (103.3° F.); some rusty sputa, pathognomonic, made its appearance—frothy, viscid, adhering to the vessel when turned over.

The morning of the 20th the temperature was 39.8° C. (103.6° F.). The bowels were again unloaded by the saline laxative taken the night before. The painful stitch in the side ceased on the application of three wet cups. There are a number of characteristic rusty sputa which miscropically are shown to be crowded with pneumococci and some staphylococci. Signs and symptoms as before. Vomiting ceased.

The 20th, in the evening, the temperature 39.5° (102.5° F.). There was some tions are stationary, unchanged.

On the 21st, in the morning, the third day of the sickness, the family was not a little surprised to see the temperature falling, about 10 p. m. down to 38.9° C. (102.2° F.). An improvement was no-

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Optimists are weak in ornithology; most of them imagine that Hope can be all wings and no body.—E. E. Purington.

X-ray located lost teeth in a man's stomach; operation failed to recover them; next day found under the mattress.

ticeable almost immediately. The patient felt particularly comfortable, and very soon fell asleep, a healing sleep which lasted four hours, hardly interrupted by a passing awakening, during which the nurse gave her the defervescent granules.

In the evening we could auscultate the patient, and found the fine crepitant rales had lost much of their characteristic clearness, and the expectorations were somewhat less frequent. The dypsnea was almost nothing. The number of respirations fell to 24 per minute. Temperature 38.9° C. (102.2° F.)

On November 22nd, the morning temperature was 38.50° C. (102.2° F.) and the evening one 38.7° C. (101.86° F.). The patient felt comfortable and improvement continues. Ordered a granule of the defervescent every hour instead of every half, half a tablespoonful of saline laxative in the evening to clear the bowels.

On the 23rd, the patient clamored for something to eat. Temperature in the morning 38.2° C. (100.8° F.) and in the evening 38.3° C. (100.8° F.). Ordered a defervescent granule every two hours, and later on every three hours or four times a day.

The convalescence progressed rapidly. We helped it on by continuing the strychnine, which makes a part of the defervescent granule. We ordered six granules of strychnine arsenate, half a milligram each, daily and built up the organism with that wonderful tonic, stenol. Its principal constituent, caffeine, stimulates the heart and increases its resisting power, and its adjuvant, theobromine, exercises a valuable influence on the kidneys, unloading their filtering glands of all the encumbering toxins and waste matters. Twelve days after that the patient returnd to her home in the country.

Dr. Bercuon.

Paris, France.

CAN PNEUMONIA BE ABORTED?

Can pneumonia be aborted? I believe it can. They say "seeing is believing" and I report the following case: I was called on New Year's day to see a man about thirty-five years of age, who had always been an exceptionally healthy man. He was taken sick the day before. At 10 p. m. the previous night his wife had answered the phone but the person calling wanted to talk with the husband. He got out of bed and went to the phone, but in a few moments he dropped to the floor in a fainting condition.

When I saw him the next day the history of his prior symptoms indicated clearly an attack of pneumonia and on examination I found fully the lower half of the left lung in an active state of congestion. His temperature registered 105 1-2° F. and pulse was full, bounding and somewhat rapid—a typical sthenic case. All the symptoms were present that we would expect to find in such a case.

I ordered a few broken doses of calomel and podophyllin to be followed by a saline, but at the same time, or concurrently, ordered a granule each of aconitine, veratrine and digitalin to be given every fifteen minutes until six doses were taken, then every half hour for a few doses (two or three) and afterward every hour or two according to indications, as explained to the nurse.

Whales may live 400 years, turtles 200, camels 100, ravens 185, geese 100, parrots 120, and elephants 500.

Some ethnologists now say the white races came from Africa and have been bleached white in changed environment.

When I called the next day the patient's temperature was only 98 1-4° F. and the man was feeling comfortable except there was still "some soreness" in the lung, particularly when he attempted to change his position in bed. I ordered the above combination of granules discontinued and gave instead a granule of strychnine arsenate and a tablet of calcium iodized every two hours with directions to keep the bowels fairly open with salines. I also gave at this time the sulphocarbolates — four doses ordered daily.

The local treatment consisted in a flannel jacket (two or three thicknesses) and inunctions of olive oil and turpentine to be applied not less than thrice daily. I did not call the following day but the next the patient greeted me with the words, "I never was sick a day in my life." As a matter of fact the attack was aborted in one day. The man was clearly "out of the woods" when seen the first day after treatment began.

The trouble about the treatment of most of my pneumonia cases is, that they are not seen until after the congestive stage and of course aborting in such cases cannot be looked for. But, I will say, that I believe from my own experience, that the disease in every case can be much modified by the adoption of such rational treatment as you indicate in your valuable "Digest."

J. D. MacLean.

Mead, Washington.

THE DELIRIUM OF PNEUMONIA.

"By the way—in a case of pneumonia with delirium I gave a granule of hyoscine hydrobromide every half hour for three doses, which quieted; and after the third granule produced quiet sleep lasting six to seven hours, when the patient woke up, yawned, and asked for something to eat. He is now at work at his trade—blacksmithing. Recovery complete. He was laid up four weeks only. Of course I treated the patient as required, but I mention the above to show the good effect of hyoscine in delirium. I had to repeat the dose of hyoscine at two other times during the course of the disease.

J. N. M.

——, Minnesota.

TWENTY-TWO CASES OF PNEUMONIA WITHOUT A DEATH.

GOOD IDEAS ON LOCAL TREATMENT.

I am much interested in the pneumonia discussion and wish to add my mite. In addition to the indicated alkaloidal remedies, I use fomentations to the chest and spine, placing one thickness of dry blanketing next the skin, and covering with several thicknesses wrung out of not hot, but boiling water, I usually make three aplications of ten minutes each and one the full length of the spine for ten minutes. On removing the last one from the chest, I follow with the hot clay poultice. The fomentations are repeated every six hours and the poultice used between. The heat draws the blood to the surface and the poultice helps to keep it there.

Under this treatment I have not lost a single patient out of twenty-two cases. One lasted fourteen days, including a slight relapse, another ten and the rest for shorter periods. I do not claim that

Black lobsters turn red on boiling by iron oxidation; red hair is changed by agents reducing the iron to lower chemic states.

The Civil War closed with 1,000,000 men on the rolls. There are now over 680,000 on the pension rolls.—*Youth's Companion.*

all these cases were fully developed pneumonia, but they showed every indication of the onset of the disease. One case, a boy aged five, with pulse 158, respiration 60 and temperature 101.4° F. was reduced to normal in fifty-six hours and dismissed cured in four days. I give the first treatment personally and thus show the nurse or parents exactly how I wish it given.

I am much pleased with calcium and lithium carbonates with colchicine in rheumatism. This combination has never failed in producing results. It was pleasant to have a patient who was totally bed ridden with one of the worst cases I have ever seen, tell me after two weeks' treatment, "Doctor, you have made a new man out of me."

Wm. E. Phillips.

Springfield, Mass.

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The suggestions for local treatment are excellent, though of course this is not "the whole thing." Do not fail to look carefully to the vasomotor condition using aconitine, digitalin, veratrine, strychnine and other remedies when indicated.—Ed.

PNEUMONIA: ASCLEPIDIN AND OTHER GOOD REMEDIES.

There is more than one way of treating pneumonia, as well as all other diseases, with results about the same; that is, two or more physicians can treat a disease by entirely different methods with about the same results.

The little granules and tablets are reliable in pneumonia as well as all other diseases, and have one great advantage over most other remedies, and that is, they are pleasant to take and well tolerated by the stomach. I consider asclepidin one among the most useful remedies in the treatment of pneumonia. Control the fever by giving it with lobelin in hot water.

If the pulse is weak at any time in any stage of pneumonia, use cactin; it is far superior to strychnine, and much safer. When stimulation is needed, use capsicin, no better stimulant known. It will take the place of whisky in this condition.

Keep the liver active with chionanthin, and the bowels clean and aseptic with saline laxative and intestinal antiseptics. Control the cough with minute doses of codeine and stimulate expectoration with emetine.

Control the pain by external applications of ground mustard seed one part, wheat flour five to seven parts, moistened with water and a little vinegar. Quiet the nervous system with small doses of scutellarin or cypripedin.

John Albert Burnett.

Cecil, Ark.

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Good suggestions, every one of them, which no really live up-to-date doctor can afford to ignore.—Ed.

PNEUMONIA TREATMENT.

When the treatment is begun, I am guided by the fact that I am treating a *patient* with pneumonia. The patient should occupy a large, airy room. Fresh air is an absolute necessity. The number of the attendants should be two,—the doctor and the nurse. The temperature of the room should be kept at about 68° F. The bed should be single, with firm

Naoumov removes warts by exposing them for 30 seconds to sunlight concentrated on them by a lens.—*Red Cross Notes.*

Typhoid fever kills per 100,000 in N. Y., 19; Pittsburg 122, Phila. 51, Cinn. 45, Balt. 35, St. Louis 31, Boston 26.

springs and mattress. The diet should consist of milk, broths, eggs, egg-nog, gruels, fruit juices, custard, beef juice, scraped beef. Water should be given freely.

Care must be taken to secure a proper amount of sleep. It is sometimes necessary to give veronal gr. 5 to 10 at bedtime for this purpose. The bowels should be kept open. The usual calomel, ipecac and soda tablet is a good one for this purpose, giving 1-10 grain every half hour for ten doses, followed by a saline. Frequent tepid bathing and alcohol rubs are essential.

If the patient is strong and robust, veratrine combined with bryonia and asclepias, is indicated. If he is naturally weak, strychnine arsenate should be used instead of the veratrine. For the cough, codeine gr. 1-8 every two hours. This will also help to allay the pain. Counter-irritation by means of a mustard or flaxseed poultice has served me well. The hot water bottle may also aid locally.

For the dyspnea or marked cyanosis, oxygen is called for. In weak heart action or cardiac failure, I regard Gardonier heart tonic in tablet form, one every three or four hours, safe and reliable. For the nervous symptoms, tinc. gelsemium alone or combined with conc. tinc. passiflora, has been found worthy. For the kidneys, a large amount of water each day is sufficient and they will require no further attention.

For delayed resolution, the internal administration of the iodides should be used. Chest massage and breathing exercises are also helpful in this last condition. During convalescence tonics and nutritious diet. Nuclein in solution in 20 grain doses three times a day, should be given in the last stage to support nature to restore the patient to normal conditions.

E. S. Jones.

Marseilles, Ohio.

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While we can see no good reason to modify greatly the method of treatment which we have found so uniformly successful, the use of the trinity and the defervescent compound, yet we believe that splendid adjuncts to this treatment may be found in some of the remedies introduced by our eclectic brethren, of which Dr. Jones speaks. Bryonin is especially indicated where there are sharp lancinating pains and the short dry cough which is exaggerated on the slightest motion of the chest. Aclepidin, from "pleurisy root" is also useful in painful affections of the chest, and is a useful adjunct to aconitine and bryonin in the early stages of pneumonia. As sedatives, gelseminine and passiflora are excellent. These remedies should be used more than they are—not forgetting of course the essential things in the treatment of this disease, which are: elimination, an aseptic bowel, equilization of circulation and support of the heart and of the defensive forces of the body.—Ed.

TWO-DAY PNEUMONIAS.

On page nine of the January number of The Journal of Clinical Medicine I note especially the article on "One-day Pneumonias." I have had a unique experience recently with two cases, which if named according to duration would be styled "two-day pneumonias." I was called to see Mrs. G., December 27, 1905,

The thought-weighing machine is said to have distinguished a Republican from a Democrat at a distance of 20 feet.

It may sound bad, but it isn't, to tell a man his wife is supported by two she-knees. Be ready to run, all the time.

who gave the following history: Chill on the night of the 26th, pain in the right side radiating to the shoulder and under the mammary gland. Temperature 104° F. Cough, with rusty or brick-dust expectoration. Cheeks flushed, eyes bright, pulse 120, respiration 40 and shallow, also jerky in character. Clearly a case of croupous or lobar pneumonia.

I put the patient on the following treatment: Calomel and podophyllin in small doses until free purgation is induced; full doses of aconite to slow pulse and strychnine to regulate and deepen respiration, with Dover's powder enough to induce rest and moistening of the skin.

On the 28th, the following picture is presented: Temperature normal, pulse eighty, respiration twenty, sticky skin from perspiration, pain gone, patient inclined to sleep. Cough very much lessened with frothy expectoration free from blood.

Was it a fully developed case of pneumonia? Or was it only the congested stage cut short by the prompt depletion of the system and counterirritation, with lessening of blood supply to the lungs from the use of aconite. The patient had pneumonia one year ago and miscarried. She was given, so her husband tells me, large doses of quinine and the pneumonia lasted eleven days. This time she was also pregnant but went through without quinine and also without any symptoms of miscarriage.

The other case was a boy, age twelve, taken with a chill, high fever, pain in the side, rusty sputum, rapid pulse and respiration. Treatment same as case number one, with counterirritation, aconite, strychnine and free purgation followed by distinct crisis and rapid convalescence on the second day.

These cases each required only two visits and are of special interest owing to the pronounced positive symptoms of pneumonia and their rapid subsidence with complete recovery. This leads me to assert now what I have often stated before, that many cases of pneumonia can be cut short before the stage of consolidation is reached and the reason that it does not occur often is because the physician is not called earlier and because active and positive treatment is not instituted early.

I am not converted to the theory of alkaloidal treatment fully but am under conviction and at the altar for instruction. I am, however, in favor of positive active treatment when confronted with positive active symptoms as described above.

J. H. Padfield.

Greenfield, Tennessee.

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These certainly look to us like typical cases of this dread disease of the winter months, which were arrested by your prompt and intelligent treatment. You certainly followed the correct principle, though we believe that if you follow the alkaloidal idea *in toto* you will be more than gratified by the greater measure of success which will attend your efforts, not exceptionally, but as a rule. Control of the vascular equilibrium through the intelligent adaptation of the indicated remedies—aconitine, veratrine, digatalin and strychnine,—the maintenance of a clean intestinal tract, and general and cellular support—these are indications to be met in every case of pneumonia.

Paraffin, varnish, aniline red and blue and glucose, are adulterants of candies discovered in New York city.

It was Mark Twain who observed that as most people died in bed, those who wish to live long had better never go to bed.

The abortion during the first attack of pneumonia, which was treated with quinine, brings up a point worth remembering—that quinine is a powerful uterine stimulant and should be given cautiously to pregnant women.

The fact that you are "under conviction and at the altar for instruction" is an encouraging sign. It won't be long, Doctor, before you will be one of us—a full-fledged member of the "family." We know it.—Ed.

SOME USEFUL HINTS.

MUSCULAR PAINS.

During the winter months, there are always a number of cases of grip in which muscular pains and headache predominate. There is probably no better combination for the relief of these symptoms than the acetanilid compound, or the old migraine No. 1, put up in tablet form. A very safe dose is to take three of these every two hours until the pain is less severe, and then gradually reduce the dose. There is no danger, whatever, from a dose of this size, as it is guarded by caffeine.

Doses of acetanilid should not exceed six grains at a time. This should be repeated not oftener than every two hours, and three doses are generally sufficient. If the pain has not been relieved by this time, a half dose should be given every two hours for several times.

The migraine tablet No. 1 certainly relieves pain very quickly, and is a very excellent remedy to establish one's reputation for quick cures for muscular pains and general aches when they occur in cases of grip.

PNEUMONIA.

As February and March are likely to be the months in which pneumonia is quite prevalent, aconitine should always stand prominently before the minds of physicians. It must be remembered that this remedy will positively check pneumonia in its beginning, and abort it completely; but aconitine will not abort pneumonia if an effort is not made to do so. It should be constantly in one's mind that pneumonia, during its first stage, is a congestive disease; that the congestion is caused through the action of the vasomotor nerves; that aconitine is one remedy that will very quickly dissipate this congestion and turn the increased blood supply from the congested lung to other parts of the body.

At the beginning of all febrile movements during the first twenty-four and forty-eight hours, aconitine is the remedy to give, except in depressed conditions. If aconitine were actively prescribed in cases in which there has been a chill, there is no doubt, whatever, that fatal pneumonia would be decidedly on the decline.

The way to give aconitine to adults is to administer one or two granules of amorphous aconitine, 1-134 grain, every half hour until fever declines, which usually takes twelve to twenty-four hours.

For children, dissolve one granule in twenty-four teaspoonfuls of water for each year of the child's age with one additional granule. A teaspoonful of this is given every fifteen minutes or half hour according to the severity of the attack, until there is an improvement of some kind. Reduction of fever, reducing of pulse or thirst, moaning or restlessness disappearing.

There is one thing to which particular attention should be given when aconi-

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In examining the chest the tuning fork discriminates between cavities and other conditions simulating them.—R. N. Wilson.

The *Maritime Medical News* enumerates several fatal cases of burns from the ignition of flannellette gowns. Cut 'em out.

tine is administered, and that is, the pulse is usually reduced before the fever declines. It becomes stronger as it becomes slower.

In a recent case attended by the writer, in which the temperature was 105 1-2° F., pulse 170 and respiration 42, the pulse was reduced to 90 while the temperature stopped at 104° F., for thirty-six hours. This case, however, finally got well.

Pneumonia should not be looked upon with so much dread by physicians, no matter even if the altitude is very high. If the case is taken at the beginning and is properly handled, there is no reason why a great many of the dangers of pneumonia should not be prevented.

CROUP.

Winter months are also the time when croup is very prevalent. There is no better remedy than the calcidin or calcium iodized, in fact, it is almost a specific. Upon the first intimation of croup, no matter whether the case is inflammatory, or only a case of spasmodic croup, this remedy should be given in one or two grain doses, dissolved in hot water, every fifteen or twenty minutes. The results are, that usually after three or four doses, relief is obtained. Now this does not pertain to simple spasmodic croup alone, but to all forms of inflammatory and diphtheritic croup. In the latter cases, we do not expect to cure within the course of a few hours, but there is certainly an increase of the laryngeal secretions which ameliorate the severity of the symptoms.

COUGHS.

Every physician is called upon very frequently during the winter to relieve coughs. Unless it is absolutely necessary, as a rule cough medicines should not be given. The constant harassing and dry cough is annoying, not only to the patient but to other members of the family, and there are times, therefore, when it is necessary to give an anodyne to allay a cough. There is probably nothing better than codeine, which should be given in 1-4 grain doses to adults, while the Waugh anodyne is the remedy to be used for this purpose in treating children.

If codeine does not serve the purpose, there is a very excellent remedy found in morphia and pot. cyanide comp. (Hawkins). The writer has used this very frequently, and always with very excellent results.

There is one remedy that should not be forgotten in treating irritating and dry coughs, whether they be laryngeal or bronchial, and that is sanguinarine nitrate, gr. 1-67. One of these granules can be given to children under 10 years of age, and to adults, two or three every two or three hours. It will stop dry cough of laryngeal origin very quickly.

JOHN M. SHALLER.

Denver, Colorado.

TEMPERAMENT AND DIATHESIS. PNEUMONIA—WHICH LEADER?

So far as I know you are the acknowledged head of dosimetry in this country, rightly teaching it as the most certain, safest and most pleasant of all therapeutics. As an aid in explaining why "recent converts" occasionally fail to secure satisfactory results, a suggestion may be in order. Attention ought to be called at times in the JOURNAL to the importance of considering the influence of "temperament" and "diathesis,"

German children died of blood poisoning following pen pricks. The ink was sterile but the wounds infected later.

Neurasthenia often does well on long continued dosage with calcium lactophosphate to restore the cells-walls.

in modifying or nullifying the action of the defervescents in acute troubles, especially of the lungs.

In chronic affections, they are not so apt to be overlooked. But in acute affections with high temperature, which is regarded as needing prompt attention, the failure of aconitine, veratrine, digitalin, and strychnine arsenate (with hyoscyamine) to act as satisfactorily as usual, probably depends upon the presence of marked temperament or diathesis, especially of the latter, of which, sometimes, combinations are present in the case. Failure to care for "habit" will make the case drag, and the physician is not satisfied with the results.

Take the temperaments, cerebral, thoracic and abdominal, or any of their combinations markedly present in a case, and little reflection is needed to show how a prescription containing the above ingredients could be modified—or added to—to better control the symptoms present or soon to be present in the trouble.

Consider cases of pneumonia — one with no marked diathesis. This will respond quickly and favorably to the usual defervescents, with calcium sulphide, for the diplococcus and probably purulent tendencies. One with a scrofulous diathesis will need something like iodoform added to the above, "or drag its slow length along." One with a history of malarial attacks will need in place of the iodoform, quinine (preferably the hydroferrocyanide). One in a syphilitic subject will do better with mercury or iodine, or both, added to the prescription for a "normal case"— and by far not so well without them. One with a rheumatic diathesis will be benefited by the addition of colchicine, or the salicylates. If a mixed diathesis of rheumatism and malaria is present, it will respond well to quinine salicylate with the defervescents. One, in a tuberculous subject, will thrive on arsenic in some of its preparations, according to the judgment of the attendant, and this will intensify defervescent activity.

In any inflammatory trouble in which pus is an accomplice, or resultant, calcium sulphide given along with the febbrifuge, both being pushed rapidly in the early stages, will accomplish "miracles." This is of especial value in appendicitis, and few cases, in which they are used rigidly will need operation. Permit me to add in this connection that no cases of the latter trouble will relapse (*have relapsed* would perhaps look better) provided perfect quiet in bed is maintained until no pressure upon, or in the vicinity of, the appendix, or no bodily movement of the patient, produces pain or uneasiness. Too early resumption of the upright position and movements is certain to be followed by a relapse more serious than the first attack.

The fact to be noted is, that a consideration of the patient's diathesis is of importance in formulating a prescription. Burggraeve has been the only teacher so far as I know to forcibly call attention to this subject. My appreciation of his practice and my experience of the value of his teachings must excuse the suggestion that the cause of more reliable therapeutics will be assisted in a occasional reference to these general principles of medicine.

I intended to cease here, but would like to add more. A special article by Prof. M. Manges, of New York, on the

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Neurasthenia demands zinc phosphide, gr. 1-6 three times a day, to rebuild the degenerating nerve tissues.

Meat juice is contraindicated in very young children owing to its exciting effect on the nervous centers.—Winters.

treatment of pneumonia has my attention. The quotations will not be unfairly abstracted if it can be avoided:

"In pneumonia we have a general disease, the tendency of which is to recover after the lapse of sufficient time for the body to produce its own antitoxin." "We have been deluding ourselves, and have regarded pneumonia as a less formidable foe than it really is." "The mortality rate in Fraenkel's recently issued 'Diseases of the Lung'—destined to be a classic—is, in large cities, from 20 to 35 per cent, the average rate for adults being 22 6-100 per cent." "What may we expect from a specific treatment for the disease? The answer is to my mind a very simple one—nothing." "When treatment is required, it must be directed toward the toxemia. Its object is five-fold: (1) to maintain life; (2) to support the heart; (3) to control undue fever; (4) to relieve suffering; (5) to control complications."

Turn now to Castro:

"The dominant in pneumonia must conform to the pathogenetic idea which we have concerning the disease. To most pathologists (in 1888) pneumonia meant only a simple inflammation; to others it is an infectious disease, the result of a poisoning of the organism by a specific agent—the pneumococcus."

"The inflammatory element demands aconitine, the infectious element compels calcium sulphide." "The ordinary classical treatment of pneumonia does not deserve the confidence of the physician." "The expectant plan is one upon which the physicians of the official school rely, while they prefer to do nothing and await a favorable turn of the disease."

From Prof. Shaller: "Acute inflammatory diseases can be aborted." "There is nothing of theory about this. It is a fact." "When acute inflammatory disease—as pneumonia—is ready to assert its presence, by well-known symptoms, pathologic changes are not so firmly established that they cannot be diverted or checked."

I followed such teachings as those of Prof. Manges' from 1871 to 1885—the teachings of Burggraeve, since. Results since 1885, in mortality, no per cent, and I know of others who claim the same. For certainty, for ease, for restful confidence, for short illnesses, the teachings of Burggraeve are a haven of rest. I, and mine, will follow the immortal Belgian.

C. S. Pixley.

Winnsboro, N. C.

MEDICAL PRACTICE LAWS.

We receive frequent letters from readers of the Clinic concerning the laws governing medical practice in different states. A neat little booklet giving a condensation of these laws, as well as the addresses of the officers having charge of examinations and licensing, and the proportion of physicians to population, has been issued by Arthur J. Cramp. P. O. Box 378, Milwaukee, Wis. Mr. Cramp is a medical student and is using this means to help defray his expenses in college. The book is a good one and we know you will help Brother Cramp with this little "boost."

FADS, FRAUDS, AND FOLLIES.

I am one "man Jack" who has read the paper by Dr. Abernethy, as given in the Clinic for January. I do not ques-

Bicycling expands the lungs and stimulates the liver, and other abdominal viscera as well as the muscles.—*Boston M. & S. J.*

Nature, or to be specific, chemistry, physiology and chemical physiology, have furnished unerring guides for feeding children.—Winters.

tion his sincerity; I cannot question his warmth. But in every war there are two sides and both may be partly right, entirely right perhaps if we look at the question from the standpoint of one party. During our Revolutionary war the parsons of the Church of England were down on their knees praying for the success of the British army, and doubtless they honestly believed that if the cause of "legitimacy" went down in the conflict, the world would come to an end. The glorious heroism of English officers in our struggle is still perpetuated in many a statue in Westminster Abbey and St. Paul's and the epitaphs read strangely in the light of our day— at any rate to an American.

In "Stringtown on the Pike," that deeply-interesting book by John Uri Lloyd, is a touching bit of pathos. Old man Nordman had two sons who entered the opposing armies in the Civil War, one being a captain in the Northern army and the other a captain in the Southern army. They both lost their lives in the conflict. Sammy Drew revisits Stringtown after several years in a northern university, and visits the old man, who took him out into the garden where stood a shaft. "Sammy," said the old man, "one of my boys lies buried on one side of the shaft, and his brother on the other side. The grass grows no fresher, the flowers no sweeter over the one than over the other. Each fought for the side he loved. Who shall say which was right? Sammy the war is over." Even at this day, who can say which was right and which was wrong, or if both were not right and both wrong? And when the war between the differing systems of medicine, religion and politics is over, as it will be sometime, who will be adjudged right and who wrong? Or may it not become evident to the more highly-enlightened reason of that future time, that both sides might have better understood each other, and reached a more correct judgment, if both had called to their aid a greater amount of forbearance and Christian charity?

For myself I do not believe that any serious opposition or antagonism ever springs up against any system and gains adherents and prominence, unless the system rebelled against has its errors, and weak points. I am old enough to remember the advent of homeopathy to this part of the country, and I well remember the venomous abuse that "the regulars," aye and the Thompsonians even, heaped on the homeopathic doctors. Times have changed. The two schools have been drawing together, thanks to the kind Providence that cleared the way by some honored funerals. The war, at any rate so far as the sword and gun are concerned, is over, and "The thing that hath been shall be again." Pardon me Doctor, we don't need more fighters. *"Pantes gar ai labontes machairan, en machaira apolountai.*

I do not propose to condemn a system, nor criticise the critic of a system about which I am totally ignorant. I know nothing whatever of Dowie or "The Holy Ghost and Us," but I have valued friends among Christian scientists, and they are far from being deluded fools. Nor are they totally ignorant of anatomy, physiology or drug therapeutics. For some of our most successful and honored physicians have entered the ranks of the Christian scientists, and they did not leave all of their knowledge,

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Every disease in its most pronounced typical form, has one unequivocal absolutely diagnostic, pathognomonic symptom.—Winters.

Vital processes of tissue cells are dependent upon alkaline tissue fluids. Reduced alkalescence disintegrates red blood cells.—Winters.

skill and experience behind them. I well remember how "warm" the regulars of native city got when some of the members of the Massachusetts Medical Society went into the ranks of the homeopathists. They unquestionably took much of value to the homeopathists with them, but homeopathy had much to give them too. Isn't it too late in the history of the world to mistake invective for argument, and dogmatism for certainity? God raise up a few more men like John Uri Lloyd.

Dr. Abernethy scouts the idea of prayer cure. Well I can sympathize with him, if he will allow me to, for during the years of my early manhood I was as positive an atheist as it is possible for a man to be. But I have seen enough, learned enough, by this time to actually have some faith in James' assurance that "The prayer of faith shall save him that is sick." Why then do I use drugs? Because humanity, and I myself along with it, has drifted a long way from the Source of Life, and we need grosser forms of creative energy with which to heal and be healed, and the best that we can lay our hands on in this line is none too good. I do not believe in miracles, as generally understood, and still I cannot shut my eyes to the fact that life is the greatest miracle of all. What does our science teach us of its origin? We get as far back as spermatozoa, and there we stop. Is there something hidden back of that? Is there nothing hidden back of that? Or what shall we do with the Master's teaching, "That which is born of flesh is flesh?" And accepting His dictum, is it a wild surmise that possibly there is a plane of being that our "science" has not given us cognizance of, and which it is not impossible that some obscure searcher may discover and bring to us? "Can any good come out of Nazareth?"

But I am not going to multiply instances in which a simply believing prayer has worked cures. The pages of Sacred Writ bristle with instances. But here is where Dr. A's explanation does not explain. He asserts that the hypnotic influences exerted over a patient makes him believe he is cured. Well, isn't he, if he believes it, and his bodily functions resume their normal activity? If the touch of a hand can allay a fever, what do I want of aconitine? That this can be done has been abundantly proved, but we take up the Pharisaical cry, "Give God the glory, we know that this man is a sinner."

Dr. A. says that "longevity is not subject to the whims, caprices, desire or prayers of any power." What then will we do with the story of Hezekiah in II. Kings, xx, 1—6? I presume I am facing a man who believes the Bible, if not I may as well lay down my pen right here. And I can see no subversion of laws here, any more than in the fact, that when a man has disordered his digestive apparatus by living in violation of law, I can clean him out with calomel, purify his stomach with sulphocarbolates, and tone him up with quassin and quinine. Why has the Creator made one thing to be the antithesis of another? He knows. And if this is true on the plane of matter, may it not be true on the higher plane of spirit, and may we not be able to set one condition against another on that plane? And may it not be true that this much ridiculed "Christian science," "mesmerism," mental sci-

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Unerring chemical laws plainly order rich potassium-containing foods and fruit acids for the rheumatic diathesis.—Winters.

Masked, equivocal, misleading expressions typify rheumatisms of childhood, the basis of nearly all children's heart diseases.—Winters.

ence" and many other "fads" have had much to do in calling the attention of the profession to the fact of the existence of certain forces that it was ignorant of, if indeed they have not revealed something of their workings?

The doctor asks "when will orthodoxy repudiate the medical relic of superstition?" Not being "orthodox" myself I am not competent to answer this question. But I am of the opinion that when "orthodoxy," or "heterodoxy," or any other man's "doxy" knocks the prop of belief in the Bible from under its fabric, the whole edifice will fall. Orthodoxy has maintained its standing to this day on its faith that certain things have been done in the past. The "Christian scientist" asserts that they may be done today under parallel conditions. And in conclusion let me quote a word from Isaiah, which may suggest a reason for our inability to do what other men have in times past: "Behold, the Lord's hand is not shortened that it cannot save; neither is his ear heavy that it cannot hear; but your iniquities have separated between you and your God and your errors have hid His face from you, that He will not hear." As suggested before, our limitations have been created by ourselves. The human race has fallen back from its Creator, and takes us all with it. We must go a round about way to cure diseases that men have cured by a word in times past. That the "fads" of the day have shown us the way out of this condition I do not assert. I hold my opinion nevertheless. But if they only serve to prove to us that we have lost something they will serve a purpose.

Just one word more. There is no objection to criticism, if it stands on just grounds. The fact that people die under the care of the "Christian scientist" proves no more than does the fact that the majority of people die under the care of a physician. And it seems to me that, if I start out to criticise any system with the preconceived notion firmly rooted in my own mind that the system I criticise has, and can have nothing to teach me, I shall tumble over myself more times than one before I get through.

J. R. P.

——, Massachusetts.

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As a matter of "fair play" we give this hearing to "the other side," hoping that the discussion may now be considered closed. With the ostrich-like negation of reality by Christian scientists we have nothing in common, and believe that it presents dangers to which we should not be blind. But there is no doubt, as our correspondent says, that it can teach us something—if we have eyes to see and minds alert to learn. But we can not afford to be sidetracked. An exact, dependable therapy! This is our need—this our mission.—Ed.

SOME OPENINGS.

We are informed that there is a good opening for some bright young physician at Highlands, Macon Co., N. C. One physician has recently died there and another has been compelled to move away after becoming worn out by overwork. The business is now in the hands of an old physician 83 years old. It looks as if this would be a good place for some one.

There is also a good opening for an active-principle man at Francis, Florida.

Phosphate of potash is the predominating salt in muscle; to provide for muscle growth makes enormous demand for potash.—Winters.

The coryza of today may before the morrow spread to the smaller bronchi; like croup its onslaught is commonly at night.—Winters.

Dr. Miller, who practised there for thirty-three years, and who was one of our good friends, was recently killed by a freight train. His daughter, Miss Ada R Miller, will gladly give any information. Be sure to inclose stamps enough to cover postage and stationery.

One or two other locations have recently come to our attention where good alkaloidal men are wanted, and there is nothing to sell.

CALCIUM IODIZED: HE'S FINDING NEW USES FOR IT.

I have just read the article in the CLINIC on "Iodized Lime." Now I have used iodine for some time as an intestinal antiseptic, especially in typhoid fever, as taught me by my grandfather who practised medicine in one place for sixty-three years and seldom lost a case of typhoid fever. I have been at it for three years and have never lost a case of typhoid fever in which the carbolic acid and iodine were used as intestinal antiseptics.

Three years ago I ordered 500 tabletsof calx iodata and they came while I was battling with a case of membranous croup and had about given it up as a goner when I went to the office and found the drug. I put a boy on a horse and sent him to the patient with the direction to give the child (six months old and delicate) one tablet every fifteen minutes until five doses had been given, then repeat every half hour until I arrived which I did in about four hours. I found the patient so much better that I was amazed. I then continued the drug at longer intervals until the next day when the patient was so much improved I left off. The child made a rapid recovery after that.

I had opportunity to use the calcium iodized in twelve cases of croup before the winter was over with the satisfaction of seeing everyone better after the third dose was taken, except one which required five doses to do the work. I used this drug only in croup for a while and then I thought, why not use it instead of iodine in typhoid fever? Last summer I did this in a number of cases and all got well. I suggested the remedy to one of my brother physicians who had hard luck with his cases of fever and he also has not lost a case since.

This gentleman called me into a case of croup in a girl fifteen years old with whom he had been working all night with the patient getting "no better fast." With perfect confidence I exhibited the lime salt to the doctor who was fresh from college but had never heard of it. Four large doses were given and the patient was well in one hour after the last dose. The next night the attack returned and the family appealed to me. I gave calcium iodized and relieved her in thirty minutes.

I find this remedy good in a great many more troubles than croup and am getting very much enthused over its merits. I use it for coughs, colds, bronchitis, rheumatism and have seen some improvement in old cases of tuberculosis. I don't know of any drug that has given me better results in these cases and I am going to use it in other cases that I have in mind when I have the opportunity.

I have been a reader of the CLINIC for four years and find it full of good suggestions and always on the right

Children's bronchitis: In severe cases the drug of unfailing, universal efficacy is aconite; in water only.—Winters.

Children's Bronchitis: Cold to the cutaneous capillaries is unphysiological, pernicious; conduces to extension.—Winters.

track. I am not an alkalometrist but have used some of the alkaloids and have always found them prompt and sure in their action. I regard the aconitine, calcidin, digitalin and several others that I have used as the best preparations that can be had at this day and time.

J. M. Boyce.

Whiteville, N. C.

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Your experience with this remedy is that of thousands of other men who are getting equally satisfactory results. Your method of treating typhoid fever also will appeal to Clinic readers, because the principle is right, though as you doubtless know we believe in and have long taught the superiority of the sulphocarbolates over any other intestinal antiseptic. If you will investigate this remedy we feel sure that you will like it just as well as we do. Nevertheless, we have no doubt that the iodine treatment is a good one. Have other Clinic readers tried it? But, try the sulphocarbolates, Doctor, in the next case of typhoid and see if you do not like it better.—Ed.

THREE CASES OF CHRONIC CATARRHAL BRONCHITIS.

September, 1902, Mr. B. came to my office and after examination I found him suffering from chronic catarrhal bronchitis with profuse expectoration. On examination of the nose I found an enlargement of the left lower turbinated bone which I reduced with the galvanic cautery after applying a four per cent solution of cocaine.

I began treatment by applying an iodine solution to the nose and posterior nares three times a week. The solution is made as follows: Iodine, grain 6; iodide potash, gr. 16; glycerin, dr. 6; water, to make oz. 1. Then I ordered one one-grain tablet of calcium sulphide, every three hours and the following prescription: Thiocol, dr. 5; syrup aurantii, oz. 8. A tablespoonful in water three times a day.

This treatment was given for three weeks when the calcium sulphide was stopped and instead I gave strychnine arsenate, 1-30-grain granule four times a day. At the end of the fourth week I reduced the thiocol to fifteen grains three times a day. This with the strychnine was given two weeks more when the thiocol was again reduced to ten grains three times a day and the strychnine to gr. 1-30, three times a day, with quassin, gr. 1-12, in addition.

This was given two weeks more and at the end of eight weeks the patient was almost well, when I stopped the thiocol and put him on triple arsenates, three granules after meals for four weeks, making twelve weeks of treatment, all the while keeping up the iodine application to the nose and nasopharynx, when I discharged him cured. Since then I have not, up to this date, received any call from him for treatment. He is a lawyer and has followed his vocation ever since and feels as well as ever.

Case number two. Mr. H. age twenty-seven, called at my office November, 1904, and after examination I found him suffering from the same disease as the foregoing patient. An examination of the nose revealed nothing that required special treatment. I used the iodine applications to the nasopharynx and I gave him the same treatment as the

Physiological chemistry forbids the use of manufactured food, and of pasteurized milk for infant feeding.—Winters.

Several footnotes are taken from writings of Joseph E. Winters, Professor of Diseases of Children, Cornell Univ. Medical College.

foregoing, twelve weeks and he was discharged cured.

The third case was similar except there was an exostosis of the right side of the septum which I removed with the saw, which gave him great relief. I began treatment as in case one and two with iodine applications, and thiocol and calcium sulphide internally. He also took twelve weeks' treatment and was discharged cured.

I wish to say that in all the cases I made an examination of the sputum and it was negative as to the tubercle bacilli but contained an abundance of staphylococci and streptococci.

W. F. Radue.

Union Hill, N. J.

THE NEW ENGLAND ALKALOIDIST.

Another evidence of the spreading of alkaloidal principles is to be seen in the establishment of a bright little prophet of the "better way" in therapeutics, down in Milford, Mass.—a new alkaloidal journal. We hereby welcome into the journalistic fold, *"The New England Alkaloidist."* The journal is edited by Drs. J. M. French and N. W. Sanborn—good men both and bubbling full (may they never slop over!) of truly alkaloidal enthusiasm. The magazine is small but meaty. New England has a host of good men who should be glad to help along this new venture. Gesundheit, Brother!

THE TEACHING OF THERAPEUTICS.

The greatest help will be given to the solution of the questions now perplexing the professional mind, as to how to regulate the nostrum evil by a revival of interest at our colleges in the teaching of Therapeutics—when the pathologist, the surgeon and the bacteriologist are not allowed to monopolize the student to the detriment of the subjects of Therapeutics and Practice with which the majority of average men, during professional life have most to do.

We have made an extensive study of this subject, consulting the announcements of all the principal colleges and as many teachers of Therapeutics and Practice as we could reach, all of whom assent emphatically, to the position taken above.

To stir things up a bit, to get those that must think to thinking we availed ourselves of the statements found in their printed announcements and among the footnotes in the January Clinic published the following:

"The Michigan College of Medicine and Surgery leaves Therapeutics in the hands of a Clinical Assistant and Lecturer."

"The University of Kansas has on its Faculty twenty-seven Professors of Surgery and not one on Therapeutics."

Now we are informed by members of the faculty of the Michigan College of Medicine and Surgery, that Dr. J. A. Patton has been for fourteen years the honored and efficient Professor of Therapeutics in that school. We are glad of it. From what we have heard of Dr. Patton we are convinced that few physicians in Detroit, if any, could fill the chair as satisfactorily, and his presence as its incumbent is sufficient warrant that the students of this college receive ample instruction in that most important branch.

We may add that the mistake on which

The dramatic quality of major surgery in the practice of gynecology overshadows minor procedures.—Link, *Med. Monitor.*

Medical and minor surgical gynecology is of greater importance than that which calls for capital surgery for its correction.—Link.

our footnote referring to this college was based, resulted from the fact that neither in the official faculty list of the school nor in the schedule of lectures issued by it is any professor named as incumbent of the chair of Therapeutics. Instead Dr. Patton is entitled simply Professor of Gastroenterology. We are informed that this was a printer's mistake, and not due to the fact that Dr. Patton is ashamed of the chair, or that the college is ashamed of having such a chair. Good again! We are glad to find ourselves wrong in a right cause. But it certainly is not right that so egregious an omission should twice pass uncorrected in the official publication of the school.

As to the University of Kansas, the authorities inform us that they have several members of the faculty devoted to the teaching of balneotherapy, massage and electro-therapeutics, while several of the teachers assigned to the chair of Internal Medicine give courses in general therapeutics during part, at least, of the year; Pharmacy and Materia Medica in the meantime being under the very efficient direction of Professor Sayre, a man of national reputation in this field.

So far as the teaching of the students in the school is concerned it is probable that Therapeutics is fully and amply provided for. We know nothing to the contrary. But we must say that we do not consider it consistent with the dignity of that honorable chair that its functions should be divided up among representatives of the less important branches of Therapeutics—that of the specialties named—or simply assigned to men occupying departments of another chair, that of Practice of Medicine.

As usual it devolves upon the CLINIC to stir things up.

As usual, we "get it in the neck;" but that part of our anatomy, like all the rest, is thick and strong and we are willing to temporarily arrest the blow that good may be accomplished.

Walk up brothers of the departments of "how" and "why" and assert your rights. It's up to you whether your students shall go out so well grounded in the therapeutic art that they can cope successfully with disease, or shall be imbued with therapeutic nihilism and the impression that if Procrastination and Nature will not cure the case, the only thing left to do is to send for a surgeon to "cut it out."

CORRECTION.

We regret to say that the name of Dr. Théo. Hagen, the author of the article on "The Curative Abortability of Angina Pectoris," was spelled Hogan in the last number of THE AMERICAN JOURNAL OF CLINICAL MEDICINE. Take a pen and correct this in your CLINIC.

THE LATE DR. BRODNAX.

We are informed by the family of the late Dr. Ben H. Brodnax that the doctor left nothing whatever to his family, excepting the house and a small farm. His son is seeking to support the family by cultivating the farm, but is in need of funds for stock, farming utensils, etc. It would be a kindly act for those who appreciate the unselfish work done by Dr. Brodnax to think of this: Suppose

In pruritus vulvæ look for diabetic urine, entropion of vulvar hairs, leucorrhea from endometritis, scabies and pediculi.—Link.

Gray finds iron salicylate a powerful antipyretic without diaphoresis. He applies it locally in erysipelas.—*N. Y. M. J.*

we each out of our surplus send a dollar to young Brodnax. The aggregate will be, we trust, enough to relieve the family from the embarrassment in which they are placed by the death of their bread-winner. The son's address is Louis Brodnax, Brodnax, Louisiana. I shall send my dollar, not as a charity, but because I have received at least that much entertainment and edification from Dr. Brodnax's writings.

This suggestion is spontaneous, and I need hardly say has been taken without the knowledge of Dr. Brodnax's family, who might misunderstand its meaning.

W. F. Waugh.

THE WAYS OF A WOMAN.

In reading your excellent comment and advice on Query 4863, November Clinic, and your reminder of the wise man's saying that "the ways of a woman are past understanding," I recalled a number of cases which verify your remarks, one of which rises vividly before my mind's eye.

It happened about twenty-five years ago in a small farm house in the hills of Wales. At the time I was an assistant to a medical man, and one morning a hurry call came for a doctor to go and see a case of "colic." I was detailed to attend and mounting my horse we soon covered the four miles intervening. On getting there and inquiring who was sick, the mother told me that her daughter was having hard spells with "colicy gravel" (gravel colic) and had been suffering for two or three hours. I did not mistrust anything but went into the bedroom to see the patient.

She was a young woman of twenty-four. Just then she seemed fairly comfortable and I was taking her pulse and asking some questions when a hard spell of the "colic" came on and, although rather young in the profession, I had seen enough obstetrical cases to recognise the ear marks of a good labor pain, and this was a good one. I put my hand on the abdomen and found an enlargement, so I took the mother aside and asked her if she had any misgivings as to what ailed her daughter. She said she had mistrusted the character of the pains but that her daughter had solemnly sworn that she was not pregnant. (The girl had been away from home for some months and had only returned two days previously.) I told her I was certain that the girl was in labor and that I wanted to examine her and for her to get me hot water, etc.

The daughter strongly protested against it but the pains coming on, good and strong she could not help herself and I made the examination and found she was nearing the completion of the second stage. I told her to cheer up, that the pains would soon be over and she would have a fine boy or girl in a quarter of an hour. She swore by this and by that, that such an event was impossible, that she had never known a man, and, that if a child was born, its father must be the Holy Ghost. But, notwithstanding her protestations a bouncing boy was born and its lusty squirming and squalling pronounced him very much of the human.

Ellis G. Roberts.

Fair Haven, Vt.

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In very truth the ways of women *are* "past finding out." The doctor's experience most of us can duplicate.—Ed.

Like most glucosides strophanthin is liable to be decomposed in watery solutions.—*Central States Medical Monitor.*

The best way to give calcium sulphide is in a gelatin-coated pill.—*Med. Monitor.* Wrong; gelatin coating is inferior to sugar.

AMONG THE BOOKS

COOPER'S PREVENTIVE MEDICINE.

We have before us another of Dr. William C. Cooper's inimitable brochures, a duodecimo of 147 pages. Anything of Dr. Cooper's will be welcome by every reader of his exquisite little book on Immortality. The present work, however is of an entirely different character. In it he gives utterance of his views on the philosophy of therapeutics; and however much we may disagree with the writer we will find the book entertaining and instructive.

As intimated above, with many of his views we are compelled to differ—not, however, with that one expressed on page eight, where he recommends castration for the professional criminal. This remedy is so obvious, so admirably fitted as a deterrent of crime, that we must marvel at the lack of perspicuity on the part of our legislators that they have neglected it. With his views on vaccination, we must differ in so far as concerns the weight he gives to the arguments of the antivaccinator, with whose lack of veracity he is evidently unfamiliar. He quotes as an illustration the Cleveland experience where, despite a "carnival of vaccination" there was a correspondingly large prevalence of smallpox. Dr. Cooper has evidently accepted without investigation the antivaccinator's sly suggestion that vaccination caused the smallpox. Every student of vaccination knows that for each case of smallpox which occurs a certain number of persons will be vaccinated; hence, the smallpox is the incentive for vaccination. Moreover, the smallpox almost exclusively occurs in the very large number of persons who do not have recourse to vaccination. This puts an entirely different face on the matter.

In the second part of this book Dr. Cooper lays down several propositions which furnish food for thought. We will take the second, which is, "What will make a well man sick, will make a sick man sicker." That depends. As a universal rule it would not stand. An emetic will make a well man sick, but if he be already sick from the presence of unwholesome food in the stomach, the emetic will relieve him and not make him sicker in the obviously intended meaning of the term "sick." We conclude that Dr. Cooper means that a drug which will produce symptoms similar to those already displayed by the patient, will increase the sickness—and this he can fight out with the homeopaths—we pass.

We come to this third proposition, which reads: "Food is food and medicine is medicine." Dr. Cooper seeks to draw a radical distinction between the two. First, because two words are employed to designate the two. This, then, would constitute a radical difference between a fluid and a liquid; a horse and a steed, or nag. We have taken up this question elsewhere, and would refer the reader who is interested in it to a paper in the New York *Medical Record* of January 6th, entitled: "Selective Absorption by the Cell." In this we express our belief that no such dis-

tinction can be drawn. Table salt may be employed as a food, as a medicine and as a poison.

Dr. Cooper's arguments against the tissue feeding theory are, however, well founded. The administration of the fraction of a grain of any substance, many grains of which are taken every day with the food, cannot be credited with any real dynamic influence upon the functions of the human body. The same reasoning demolishes the homeopathic infinitesimals, since the human body daily absorbs with the air, as well as with food and drink, countless emanations from countless remedial agencies.

One of the most important parts of Cooper's work is his antagonism to iron as a therapeutic agent. He claims that iron is absolutely useless as a medicine. Niemeyer, the greatest therapeutist of his time, stated that the administration of iron in large doses, in chlorosis, constituted one of the most brilliant triumphs of therapeutics. Dr. Cooper fails to distinguish between the fact of a remedy being of therapeutic value, and the explanation which is usually accepted as to its mode of action. The first may be a fact and the last a fallacy. Moreover, he assumes that anemia being a secondary process, the only possible and the all-powerful treatment must be the removal of the cause. We find a huge boulder on the top of the hill; we give the boulder a push, starting it to roll down the hill; the cause evidently was the push, but although we have ceased to push, the boulder keeps on. Evidently there are limits to the causal treatment of disease. As to anemia, whatever may have originally caused this condition, its continuance may be the principal obstacle to restoration to health, a vicious circle being established. By enriching the blood we furnish better materials to the digestive glands, enabling them to furnish better digestive secretions; the improved digestion furnishing a better supply of reconstructive material to the blood. This is not theory but amply demonstrated fact.

Dr. Cooper is right in urging particular attention to the causes of anemia, but he is wrong in limiting the possibility of effective therapeutics to the treatment of work, the fault we have to find with such causes. In fact, through the whole Dr. Cooper is that he gives more weight to his arguments then they deserve. No argument is conclusive which cannot be reduced to the syllogism. His arguments are variations of analogy, which is never conclusive because we can always cite analogies on the other side. Hence we must dissent from the positiveness with which he claims his deductions as absolute.

He objects to symptom medication; but here, too, there is something to be said on the other side. Hilton called attention to the idea that when pain is passed along a nerve track, the effects of a remedy can be passed back along the same route. Also, if any pathologic process is expressed by any symptom-group, what will relieve the latter does so by striking at the pathologic conditions that gave rise to the symptom—even if we can not tell exactly what these may be. Unfortunately our knowledge of physiology is not yet so nearly perfect that we can dispense with such indications as yet.

We have taken so much space for our objections to the book that we must

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Don't sit down and sadly mumble,
Don't let others hear you grumble—
Take a good hot bath.—S. E. Kiser.

Do not, nursing anger, frown—it
Doesn't pay—go home and drown it
In a good hot bath.—S. E. Kiser.

leave to the reader the pleasant task of appreciating its excellences. Many valuable therapeutic suggestions are made in its pages and the collection of brief "Cooperisms" in the back is particularly relishing. The author's charming personality and his earnest desire to benefit humanity are apparent in every page.

It is certainly an excellent piece of mental gymnastics to follow his elusive reasoning, which reminds one of Lavengro's gypsy.

LEWIS'S ANATOMY AND PHYSIOLOGY FOR NURSES.

Anatomy and Physiology for Nurses, by Le Roy Lewis, M. D. of the Lewis Hospital, Bay City, Michigan. Illustrated. W. B. Saunders, & Co., Philadelphia and London, 1905. $1.75.

The book is well adapted for its purpose. Text and illustrations keep to that which will facilitate the nurse in her duties as a real help to both attending physician and his patient. In the progress of our practice the nurse must have her share of knowledge in order to efficiency. This book will be a means to this end. On page 249, line seventh from top should read "various openings" instead of "vessels opening."

HOWELL'S TEXTBOOK OF PHYSIOLOGY.

A Text-Book of Physiology for Medical Students and Physicians. By William H. Howell, Ph. D., M. D., LL. D. Professor of Physiology in the Johns Hopkins University, Published by W. B. Saunders & Company, Philadelphia and London., 1905. Price $5.00.

Dr. Howell, the author of this work, is one of the best know physiologists in this country, both as teacher, original investigator, and editor of the *Journal of Experimental Physiology*.. It was therefore to be expected that this book would be one of the best of its kind—as it has proven to be. It not only presents the accepted facts in physiology but gives the most important theories, and gives them in such a way that any careful student of good fundamental education can grasp them without difficulty. The work represented is the most modern. The antiquated ideas that still find place in too many works on physiology are not reproduced here. The perusal of this book brings home to the reader the indebtedness of the physiologist to the collateral sciences of physics and chemistry.

THORNTON'S DOSE-BOOK AND PRESCRIPTION WRITING.

Dose-Book and Prescription Writing, by Professor E. R. Thornton of Jefferson Medical College, third edition, is one of the most useful books in this line we have seen for a long time. Aside from the usual tables of solubilities, weight and measure systems, etc., it has an ample amount of medicinal Latin instruction, sufficient to insure both present and future physicians against the disgraceful ignorance which is to be not infrequently met with when compounding their *suillistical* Latin prescriptions. Then too it is to be praised for the number of alkaloids, about thirty, which are listed with their doses. We take this as a happy omen for the not distant triumph of alkaloidotherapy, from which

I have never taken any exercise except sleeping and resting, and I never intend to take any.—Mark Twain.

It took Harvey 25 years to convince the great London surgeons that blood, not air, coursed through the arteries.

to alkalometry is but a short rational step. This method does not preclude good prescription writing. We cannot urge too much on students and prescription-writing physicians to get, and familiarize themselves with the book. On page 200 under "anti-cholera vaccine" the misleading word "plague" should be left out. By that word we understand now bubonic plague, and Haffkine discovered a separate vaccine for both cholera and the bubonic plague. The make up of the book is in the fine and substantial style of W. B. Saunders and Co., Philadelphia and London, 1905. $2.00.

BERG'S SURGICAL DIAGNOSIS.

Surgical Diagnosis. Dr. A. A. Berg, Surgeon to the Mt. Sinai Hospital, New York, has laid students, recent graduates and general practicians under a weight of obligation with this book. It contains every symptom known that has any relation to external and internal diseases that are, or may become subject to surgical interference. It does not elaborate its multifarious subjects, but neither does it omit anything of value in surgical diagnosis, and the faithful physician will find his way, when rightly pointed, as he is in this book. Publishers, Lea Brothers and Company, New York and Philadelphia, 1905. $3.25 net.

NEISWANGER'S ELECTRO-THERAPEUTICS.

Electro-Therapeutical Practice, by Dr. Chas. S. Neiswanger, of the Post-Graduate Medical School of Chicago, is designed as "A Ready Reference Guide for Physicians in the use of Electricity." For this purpose it is a most excellent and up-to-date book. It is not a book for beginners either in electrotherapy or in medicine, but rather for those already more or less advanced in both. It should suffice to recommend a book when it has, like this one, reached a twelfth edition.

Published by Ritchie and Company, Chicago, 1905. $2.50.

STEVENS' MATERIA MEDICA AND THERAPEUTICS.

Modern Materia Medica and Therapeutics, by A. A. Stevens, A. M., M. D. Fourth thoroughly revised edition. Quite a useful book in its way, and in line with official therapeutics which is, however, not over and always "modern." The rank and file of the profession are more alert than those whom it chooses to recognize as its official mouthpiece, who of right must be slower in adopting new ways and means. Publishers, W. B. Saunders & Co., Philadelphia, and London, 1905. $3.00.

OSTROM'S MASSAGE AND SWEDISH MOVEMENTS.

Massage and the Original Swedish Movements. The author Kurre W. Ostrom of the University of Upsala, Sweden, has been a well known and accepted teacher of these branches in many medical institutions in this country. These subjects as therapeutic means cannot be neglected now in practice, for they are both called for and they are useful. To learn the practice or to refresh one's memory of what we have learned this book will be a good help. Publishers, P. Blakiston's Son & Co., Philadelphia, Pa., 1905. $1.00.

Jenner was expelled from the medical society for advocating vaccination. Hunter said to him: "Don't think, but try."

After twenty-two years' study of vaccination Jenner could not induce the London physicians to make a trial of his method.

CONDENSED QUERIES ANSWERED

PLEASE NOTE.

While the editors make replies to these queries as they are able, they are very far from wishing to monopolize the stage and would be pleased to hear from any reader who can furnish further and better information. Moreover, we would urge those seeking advice to report the results, whether good or bad. In all cases please give the number of the query when writing anything concerning it. Positively no attention paid to anonymous letters.

ANSWERS TO QUERIES.

ANSWER TO QUERY 4915:—Vicarious menstruation is a condition which occurs so infrequently and as I had believed, responded so promptly to treatment, that literature had but little to give. I have had but one case to treat during my twelve years' practice. This case occurred about six years ago:

An inmate of the Florence Crittendon Home, age 19. One child who died in convulsions when five months old; had nursed child during its life. Menstrual history previous to pregnancy normal. Short time after death of infant, mother was attacked with hematemesis, which occurred again in twenty-eight days, and a third attack twenty-eight days later when she was brought to my office. During the intervals she felt perfectly well. Each attack lasted for a period of three days. She was given a uterine tonic of viburnum, macrotys and pulsatilla (I have forgotten the exact combination) which she took regularly until her menstrual period occurred the following month. It was then normal and continued to be normal as long as she was under my observation.

Epistaxis is a condition frequently found in young girls at puberty although this may not be called vicarious menstruation as the menses have never appeared in the cases I have treated. These girls frequently complain of general malaise, headache, intestinal or gastrointestinal disturbance. These cases respond nicely to uterine tonics with correction of the other abnormal conditions.

It might be of benefit to a few to state here, that anemic girls at puberty who do not have epistaxis, but severe and frequent headache, will be benefited by a combination of iron and manganese; the manganese exerts a special action on the generative organs. Each case should be studied independently, as what will benefit the one, exerts but little influence over the other. The clinical indications and the therapeutical applications should be studied side by side, and pleasing results will surely follow, but too frequently the beautiful, palatable compounds are substituted and the results you know. The physician becomes a skeptical therapeutist and the patient, a patent medicine fiend. Medicine is an applied science and each should strive to make it such.

E. W. RITTER, Williamsport, Pa.

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ANSWER TO QUERY 4915:—In regard to Query 4915, "Vicarious menstruation," I wish to say I have never failed on a case of that kind by giving them bryonia 6 x t. i. d., three weeks before the expected time.

No doubt the same results would be obtained by bryonin but I have not tried it as yet.

E. H. GRIFFITH, Denver, Colo.

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ANSWER TO QUERY 4934:— Bro. J. C. W., West Va. (Query 4934), in the February issue asks for help for "acidity." I am afraid our wise and hustling editor gave him too long a prescription. Let's make it shorter. Stop the acid-making food, sweets, bread, grape nuts, starchy foods; allow very brown toast and hot sweet milk for breakfast and supper, and beef or "a bird on toast" for dinner. This, if he doesn't want to get rid of patient too soon (able to pay for his services), to hasten cure, give saline laxative before breakfast and two

"digestive" tablets after meals. Cause of trouble too much food and little exercise or bad teeth; return to carbohydrates and hydrocarbons slowly.

CONRAD E. COOK, Mt. Meigs, Ala.

ANSWER TO QUERY 4955:—"Night Terrors" We have some cases of this disease in children of less years than the one noted. The impression we have is that the remedies recommended are not always satisfactory in bringing about a cure, and as the treatment used by us in every case—ranging in age from one day to about two years—has given permanent results in a few days' treatment, we give it for the benefit of those who are interested. The practical side being of especial interest we mention the case of an infant, aged nine months, who had been under the care of a doctor of large experience from the time of its birth with negative results. This case was cured in eleven days by the use of the English bougie of proper size. In the case of a child of about two years the use of the English bougie effected a cure with permanent results in about two weeks. In all the cases we have seen, on examination, there was found a nasal stenosis caused by a growth in one of the chambers of the nose, in the meatus inferior, the other being normal. The English bougie is inexpensive, the different sizes that can be made to fit any case are easily obtainable and their use is simple. Apply some vaseline, push the bougie along slowly through the whole length of the lower meatus and after a minute or two remove. It will be noted that the treatment as used by us has been in children ranging in age from two years down to one day; in older children, where ossification has commenced and been progressive, we should not hesitate to use the saw, drill, etc. With us, in every case of night terrors our first aim is to exclude occlusion of one or the other of the nasal chambers and if this is impossible we would try to correct it and thereby obtain the principle of the treatment.

R, Ohio.

IN ANSWER TO QUERY 4958 will say, your case of rosacea will get better results from the x-ray treatment, than otherwise. The treatments should be given every day for a week or ten days, then a rest of one week and repeat. Sometimes it is necessary to carry the treatment almost to the point of burning. Should burning occur apply osmotic glycerinized paste and be happy.

A. T. BOTTS, Warrensburg, Ill.

QUERIES

QUERY 4960:—"Sudden Death." Male, twenty-one years old, moral and clean family history, lived in country. On arising one morning he fell as he was coming down stairs (one of his legs gave way). He fell twice more during the day, and near its close went to bed, as he could not walk. No pain, pupils widely distended, no complaint, at times would answer questions and then again would not for a few moments. Grew worse and in eight or ten hours became unconscious, throwing his arms and trying to get out of bed. Succeeded in administering two doses of calomel (twenty grains each) two hours apart, and with the last gave three drops of croton oil. He perspired profusely and came to his mind in twelve hours, and talked rationally for a day; then relapsed into coma and died. He had not taken any medicine previous to the attack, but had been in poor health some weeks. He was a strong, healthy person. Tell me, Doctor, what it was.

J. W. S., North Carolina.

We give your query to the CLINIC "family" and will let them answer it if they can. We take it that the "falling down stairs" was *caused* by the sudden paralysis (or whatever it was), not the

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Vaccination was denounced as diabolical, making victims ox-faced, sprouting horns, till successful; then they tried to steal the honor.

Jenner came near being buried alive, and his practice fell away from him; those vaccinated were stoned by the people.

cause of all the subsequent troubles. You do not give any of the prior symptoms, neither do you give enough data relative to the condition of patient prior to death, to enable us to form a clear idea as to the nature of disease. The "widely-dilated pupils" may have meant aneurism, tumor of brain (though here we usually have unilateral dilation) myelitis (cervical portion), anemia of brain (from any cause), apoplexy, meningitis (simple or tubercular), or cerebral thrombosis. Epilepsy, concussion of brain, alcoholism and poisoning, may of course be excluded. If the man merely fell from sudden faintness or paralysis of limb, he might have suffered a concussion which would cause the symptoms and death, but this we take it was not the case. You do not state result of medication; did purging result? One must think of meningitis (possible tubercular) with possible hematoma: the prior symptoms would throw light on this point. Patients have been seized with similar symptoms while in apparent health and died in a few hours, autopsy revealing the hemorrhage which set up the paralysis and apoplectiform condition. Give, if you can, all the facts relative to his condition prior to seizure —especially note *vomiting* or headache. In the meantime, what does the family think of the case? From the few facts offered what caused (1) the falls (2) the later coma and death? And what about the *treatment* indicated?—Ed.

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Query 4961:—"Trachoma." A case of granulated lids (*conjunctivitis granulosa*); has never been treated any length of time by any doctor. Case is of four years' standing, a laborer, works now all the time. Granulations worse under upper lids; looking through glass at lids has appearance of smooth areas between the grape-like bunches of granulations. Every morning purulent secretion adheres to lids. Patient is man stoutly built and only 25 years of age. He says he can't see as he used to. His health is generally good. Have prescribed zinc suphate gr. 2 to water oz. 1, 3 times a day locally; saturated solution boric acid between applications of zinc. Doctor, could you hope to cure this man with local treatment alone? I have promised a cure inside of 6 months, which of course is contrary to the orthodox rule, but in such a case if doctors cannot promise cures we have little consolation for the sufferer.

J. E. H., Texas.

Your case of trachoma may be cured within three months by proper treatment (medicinal), or within three weeks by operative measures. Conjunctivitis granulosa is a serious disorder but quite curable unless marked photophobia, vascular keratitis and iritic disease complicate. The best method of treating is by expression. Evert the lids (after anesthetising patient) seize the loose conjunctival rolls with forceps and slowly express the contents of granulations. Continue till all growths have disappeared. Do one eye at a sitting. Wash well with boric acid solution, leave the eyes open, and after a few days apply astringents—tannic acid in glycerin gr. 10 to the oz; or alum solution may be used; a 50 per cent solution of boroglyceride in glycerin may be used also with safety. Use Knapp's roller forceps for expression.

If you don't like to tackle this (but it is the best plan) then try this: Evert the lids and paint the surface with ichthyol dr. 5; aq. dest. dr. 4; glycerin dr. 1.

Jenner triumphed, as will all who have the patience, the application and the perseverance to seek out the truth.—Anderson.

Camphor 4 gr., almond oil m. 20; hypo—exceedingly valuable cardiac stimulant for use in sudden heart failure.—Porter, *Post-Grad.*

Leave on for ninety seconds, then wash off with warm water. This is A 1. Or, cocainize and apply formalin solution 1-2000; later 1-1000. To prepare have pledgets of cotton soaked in very hot water (borated) held to eyes several times daily for some days; instill q. i. d. a sol. of atropine gr. 2 to oz. Then try the ichthyol and if this fails do expression. Cleanliness, delicate touch and thoroughness are the essentials. Internal treatment should consist of such measures as are requisite to keep the bowels clear and aseptic, preventing autotoxemia, which is perhaps more disastrous to the delicate structures of the eye than to any other part of the body. The morning saline and a few tablets of sulphocarbolate do wonders in aiding the proper local treatment.—Ed.

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Query 4962:—"Ulcers: Turpentine." I notice you say to use "pure turpentine" on leg ulcers. Do you mean pure spirit of turpentine? I have a case of very bad leg-ulcer. Spirit of turpentine will blister true skin. Where do you get another form of turpentine?

W. H. McB., Indian Territory.

Oil of turpentine and pure spirit of turpentine (Merck) are the same thing practically. The rectified spirit of turpentine is the thing to use. While turpentine will blister the true skin if confined it will not so affect degenerated and raw tissue such as you find in abscesses or ulcers; but it will stimulate granulation wonderfully, and it is, without exception, the best local stimulant antiseptic at our hand. The writer has used turpentine (Merck) for years, and has succeeded in closing ulcers with it that had caused everyone else to throw up their hands. Take a piece of gauze, fit it nicely into the ulcer, drop turpentine on with a dropper or paint the surface of the ulcer with a camel's hair brush soaked in turpentine, cover with two or more thicknesses of gauze and bind snugly. Support carefully by your dressings, to remove all strain. Repeat daily for two or more days, then use the "applied blood" treatment, and graft if necessary.—Ed.

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Query 4963:—"Uricacidemia." A lady 63 years old, blind in both eyes, caused by glaucoma, probably of rheumatic origin; is very anemic, confined to her room greater part of time, suffers constantly from pains in her head, principally over supraorbital and mastoid regions, and is a martyr to earache. She has no organic trouble that I can discover; her heart is weak, due to her anemic condition; kidneys act well, no albumin or sugar; bowels slightly constipated. Appetite generally very good. Suffered greatly for many months from rheumatism of right shoulder-joint, resisted usual medicinal treatment, finally yielded to daily applications of galvanic current. She frequently has very severe attacks of sciatica—left leg. I have used the following remedies to little avail, I am sorry to say: Saturated solution potassium iodide, sodium phosphate, lithium and various salicylates, glycerophosphates, iron, quinine and strychnine, Ovoferrin, Fowler's solution, nitroglycerin, coca wines and anodynes to relieve pain when suffering acutely.

H. F., Maryland.

We would expect to find in this case some local disease about the ear—possible a foreign body in the external auditory meatus. Don't shoot, Doctor, we once took six orange seeds and a shoebutton from the ears of a child whose "otorrhea" had resisted several better men than ourselves. The throat should of

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Strychnine, camphor and caffeine are the most valuable cardiac stimulants that we have; latter aids tissue formation.—W. H. Porter.

Caffeine moderately raises general arterial tension but positively lowers it in the splenic arcade and renal arteries.—W. H. Porter.

course be examined as well. With relief from any local source of suffering her system would rebound at once. In the mean time all we can suggest is to keep the bowels clear and aseptic, tone up the vital functions with the arsenates of iron, quinine and strychnine, and regulate her diet to her needs, supplementing weak digestion with papayotin enough. The pain is so evidently due to local causes that we dare not advise anodynes.—Ed.

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Query 4964:—"Veratrine." I gave an elderly man aconitine and veratrine granules every half-hour to control fever, and he complains of them burning his stomach so much that I had to stop them. What caused this? Is it a common effect? I have had some similar cases before this one. I give these as antipyretics exclusively—am afraid of the coal-tars.

J. B., Indian Territory.

This burning is exclusively a veratrine effect, and indicates the presence of hypermia or acute catarrh in the stomach. Give this drug well diluted, a granule in half to one glass of water, or after meals, when this effect is manifest. Subdue the gastric irritation by a dram of soda in a full glass or pint of hot water an hour before each meal and five granules of silver oxide gr. 1-12 each half an hour later, for a week; then try the veratrine again.—Ed.

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Query 4965: — "Giant Shingles." What is giant shingles?

L. H. J., Pennsylvania.

The term "giant shingles" may be employed to designate the affection otherwise known as giant urticaria or angioneurotic edema; or be applied to zoster with unusually large vesicles, as sometimes are seen along the sciatic nerve.—Ed.

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Query 4966:—"Ethyl Chloride." Can you tell me anything about ethyl-chloride anesthesia? Is there not an apparatus for giving this anesthetic? Is it safe and effective? Is ethyl chloride used to any extent for surgical work and would you recommend it in place of ether or chloroform.

A. C. B., Pennsylvania.

Ethyl chloride is being used very largely both in Europe and in this country. A great many surgeons are most enthusiastic about it and in most of their work prefer ethyl chloride to any other anesthetic. For very short operations, especially about the mouth or nose and throat or for dilation of sphincter ani, etc., ethyl bromide is selected. Children take ethyl chloride especially well; alcoholics do not. Anesthesia is rapidly produced (in one minute often), insensibility lasting, without any further exhibition of ethyl, for three or four minutes. Cyanosis is never seen; the patient relaxes, sees, hears and feels nothing and awakens a as rule remarkably free from nausea or headache.

Primary narcosis may be produced with ethyl chloride and anesthesia maintained with ether or chloroform. While ethyl chloride may be sprayed from the ordinary capillary tube used for local anesthesia into a cone or onto a mask it is best to use the inhaler devised by Dr. Green. This is an extremely simple affair and not at all costly. It consists of a rubber face-piece attached to a large metal elbow terminating in a soft rubber bag. Obliquely entering the long arm of the elbow is fixed a smaller metal tube through which the ethyl chloride

Caffeine does not occasion intensely high arterial tension but produces steady and uniform vascular tone.—Porter, *Post-Grad.*

Caffeine slowly but steadily increases the force and frequency of the systole; acts as a most perfect diuretic.—Porter, *Post-Grad.*

is intermittently sprayed directly into the bag.

The chief advantage of this type of apparatus lies in the fact that the patient inhales a mixture of ethyl chloride and carbon dioxide, which appears to be more strongly anesthetic than the ethyl chloride alone. Less of the ethyl chloride in needed, therefore, and moreover, none of it is wasted.

With ethyl chloride, ordinary precautions are required as with nitrous oxide.

The muscles are slightly contracted at the beginning, but if the anesthesia is pushed to a long period they relax. The respiration increases, pulsation slightly increases in number but not in force, higher centers appear stimulated (a distinct advantage) and the patient is not at any time cyanosed.

Green thus describes the use of the apparatus in dentistry:

"Merely spray a small amount of ethyl chloride into the admission tube, cover opening of same with your thumb, allow patient to take six or eight inhalations, then repeat this precedure until patient snores; when the stage for operation has begun, work leisurely, as patient will be sufficiently anesthetized for a number of extractions. Three grams of ethyl chloride usually suffice; five grams is about the maximum amount required. A container with self-closing device is most practical; if possible, have it graduated and with heavy spray, as this economizes time. Contraindications same as for nitrous oxide. Patient revives normally without after-effects; vomiting may occur, but of no severity."

We understand that the Green inhaler is now marketed by the makers of antidolorin (a special ethyl chloride for general anesthesia) as the *antidolorin* inhaler.

In using ethyl chloride it is essential to obtain a reliable product and the doctor should become familiar with the spray tube before using it in practice. He should also refrain from using the vapor near a naked light. The writer some few years ago nearly lost his hair and beard by carelessely dropping a tube full of ethyl chloride on the floor while operating by a gas light. A sharp explosion promptly took place and hair, beard and hands suffered. That the anesthesia is satisfactory is proved by the fact that the patient on the table never knew what happened and his abscess was opened without his experiencing any pain.

Ethyl chloride will unquestionably become the most popular anesthetic. It is easily carried, can be exhibited by the doctor without any "fuss," is safer than chloroform, not costly and does not cause unpleasant after effects—or very slight discomfort if any at all. Moreover local or general anesthesia can be produced with the same tube. Its rapid action is also a point in its favor. For prolonged operations—those lasting ten minutes or over—ether or chloroform will still be used but for all minor work ethyl chloride is even now the anesthetic of choice.—Ed.

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Query 4967:—"Cancer: Piles," I want to make a plaster that will not be painful for cancer of the face. In the May, 1901, Clinic, page 421, the editor directs "arsenic one part, flour three parts, saturated solution cocaine q. s. to make a paste." Would you still advise this and does it keep down the pain from the plaster? Would there be any absorption of the cocaine?

Have you had any experience or re-

Caffeine tends to improve the nutritive interchange between the blood in the arterial capillaries and perivascular tissues.—Porter.

Strychnine applied directly to the spinal cord has no effect; it must pass through the liver first and be oxidized.—Porter.

ports on the use of chrysarobin for piles? If so, does it cure the pile after two or three months' use?

E. E. P., Missouri.

The pain caused by the plaster of arsenic is considerable in some cases despite the cocaine; in other cases it is practically *nil*. There is no absorption of cocaine, the character of the tissues preventing it. The writer has used this preparation in several cases with very gratifying results. Poultice after the twenty-four hours, until the slough separates and then dress (using the applied blood treatment), scattering small grafts of skin over the denuded area unless the lesion is a very small one. If you have a very large growth the saturated solution of cocaine might be considered weakened; using, say, five to ten per cent; or if you have any hesitancy or fear use eucaine or a mixture of cocaine and brucine, equal parts.

Chrysarobin is a peculiar drug and has not given the writer the satisfaction others seem to have derived from its use.

In these days when the injection of hemorrhoids is so well understood it seems to be poor practice to treat the tumors in any other way. Use a strong carbolic acid solution,—carbolic acid three parts, olive oil one part (or half and half) and you will destroy the hemorrhoidal tumor thoroughly and safely. The trouble hitherto has been the use of a too weak solution. The "hemorrhoidal astringent" is probably one of the best *applications* for hemorrhoids in existance. Internal medication depends somewhat upon the conditions present, aesculin, hamamelin and salines being always indicated however.—Ed.

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Query 4968:—"Dysmenorrhea." I have a lady patient aged 47, the mother of two boys, one sixteen years, the other fourteen years old. For the last two years during her monthly periods she has suffered almost unbearable pains. The day after menstruation begins she begins to feel a pain which commences in the left ovary and gradually spreads over the whole body, accompanied by more or less fever. There is no development of either ovary or uterus. There is no spasm. I have cleaned her up, cleaned her out and am keeping her clean. I have used Buckley's tonic, gelsemin, glonoin and hyoscyamine, in fact everything but morphine. She takes a uterine douche every night, stopping three or four days before the expected period, from all of which she has received no benefit.

W. R., Montana.

There is something radically amiss in this instance and we strongly urge you to make a minute bimanual examination, noting carefully the condition of all the pelvic organs. Of course, the time of life is favorable for these disturbances, but you will probably find some tubal or ovarian involvement. Palpate very carefully. We will suggest that you give viburnin two granules, aletrin two, and macrotin, one, every four hours, with a little hot water during the intermenstrual period; enough sulphur compound granules after each meal to keep the bowels fairly open with a saline in the morning the first thing on arising. Twice a week flush out the bowel with hot saline solution and apply to the os uteri about a week prior to the expected menstruation, a wool tampon soaked with carbenzol one dram, iodine 1-2 dram, boroglycerin one ounce, glycerin four ounces. If the pain materializes give atropine valerianate, one granule every ten or fifteen minutes with a little hot water; or you may give gelseminine,

Convallamarin strengthens and prolongs the ventricular systole; due largely to lowering abnormally high tension.—Porter, *Post-Grad.*

It is said that convallamarin stimulates the right heart rather than the left, specially in pneumonia.—Porter, *Post-Graduate.*

anemonin and cicutine hydrobromide one granule each, in hot water, every fifteen minutes till effect.—Ed.

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Query 4960:—"Chancroids." I wish you would help me out in a case of chancroids which have been in existence for months. Am using pure carbolic on sores, then cauterizing with nitric acid, applying a little ichthin and dusting with calomel powder once a day; washing with bichloride and green soap. As soon as one heals another pops up again to my great annoyance, so, help! help!

E. V. K., Ohio.

As to your case of recurrent chancroids. In the first place are you quite sure that there is no syphilitic taint; unless you have done so try a course of treatment with the antisyphilitic granule and calx iodata pushing the dosage *hard*, eliminating meanwhile with saline. You do not tell where the sores are located or give us any idea as to general conditions existing. Cauterization must of course be done thoroughly, the after dressing being perhaps the really important matter. Given a typical chancroid use the thermo—or galvano—cautery if possible, or fuming nitric acid. Apply to the sore a pinch of cocaine crystals: after five minutes apply the loop and heat while in contact, burn every portion of the sore. If you use the acid follow same course, only apply the acid with glass rod—after drying surface. When the acid has done its work apply a little sodium bicarb. and dress with a piece of lint soaked in a 1-5000 bichloride solution. When the slough separates use iatrol or equal parts of powdered calx iodata, and the dermal antiseptic powder. Wash off the sore with H_2O_2 daily. An excellent ointment is iodoform, dr. 2; bals. peru, dr. 4; lanolin, dr. 4. M. If there is no syphilitic involvement, calcium iodized, gr. 1, calcium sulphide gr. 1-2, every three hours, echinacea, four granules; arsenic sulphide, one, after meals with free elimination, will prove efficacious. Use intestinal antiseptic if necessary.—Ed.

Query 4970:—"Amenorrhea." Mrs. B. H. C., age 22 began to menstruate at 11 years of age, had typhoid at 16, married at 17, weight, at that time, 130 pounds. Menstruation regular, sexual appetite normal—perhaps more than average. Had varioloid at 18, menstruated but once or twice after this, supposed she was pregnant; weight rapidly increased, five months later menstruated very profusely, regular for three months, then skipped several months. Very irregular since; has not menstruated now for nine months, sexual appetite absent for part of two years, dislike for intercourse. Present weight 215 pounds, hearty eater, bowels regular and rather loose passages, good sleeper, strong and energetic; uterus is rather small and retroflexed. No other trouble with sexual organs discoverable. Been examined by several doctors. Has had electric high-frequency treatments, also ergot and caulophyllin. Has "dizzy spells," feels like falling at times, flesh firm, not "flabby."

F. A. C., Iowa.

The difficulty is primarily nutritive; the excessive weight at so young an age indicates this. There has been no surplus for menstrual purposes after piling on nearly 100 additional pounds of fat. Put the girl on the regime and treatment for obesity, with sanguinarine to full tolerance to direct the vital forces in the direction of the reproductive apparatus.

It is just a question whether this woman did not conceive (extra uterine-fetation), the excessive "menstruation" evi-

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Convallamarin lowers the general blood-pressure and raises that of the splenic arcade and the renal system; not diuretic.—Porter.

Complex nature and positively poisonous nature of some contained active principles render strophanthus unsatisfactory.—Porter.

dencing the rupture of sac and destruction of fetus. A very careful examination might reveal further points of interest and we suggest that you go over the woman with scrupulous care and report findings.—Ed.

Query 4071:—"Nymphomania." Mrs. C., aged 32, weighs 148 pounds. Began menstruating at fourteen when she weighed 140 pounds; only menstruated once in six months, and began losing flesh until she only weighed 82 pounds; expectorated blood every month, alarming her friends who thought she was a victim of tuberculosis. This continued until seventeen. Previous to this she had experienced no sexual passion; but about this time she began treating with a homeopathic physician, soon became more "regular" and also began to experience sexual passion.

She was married at twenty-three, since which time her sexual desire has increased to nymphomania; normal intercourse will gratify her sexual desire about two hours, after which she is as ardent as ever in her desires; music even, so excites her sexually that she is sometimes compelled to leave a musicale before the exercises are concluded. She first became pregnant at twenty-five, when a seven-pound child was delivered with forceps, the anesthetic used being ether—very unwisely.

Prior to labor there was very severe general anasarca. Labor began in afternoon and terminated at 10 a. m. on the following morning, and about 1 p. m. uremia began and lasted until 10 p. m. During the few following days that she was in bed it was necessary to catheterize her several times; the bladder became infected, resulting in a severe chronic cystitis ever since, which, with proper treatment during the past few months, has become very greatly improved.

Menstruation is regular and normal both in time and amount. No leucorrhea. Despite bromides and other indicated remedies the ardent sexual desire persists.

J. H. H., Montana.

The first duty is to remove the source of irritation in the bladder—the nervous relations between the urinary and sexual tracts being quite intimate. Give her arbutin, gr. 1-6 every two hours, continuing for at least a month. Make a careful examination of the genitourinary apparatus and correct any abnormality, however inconsequent it may appear. Sensitive patches of mucous membrane should be treated by applications of europhen. Unhood the clitoris and remove irritating secretions. Clear and disinfect the bowels, and see if intestinal worms are present. The urine should be examined as it may irritate the mucosa. Apply locally to the irritated tract about the clitoris, bismuth subnitrate mixed with water to the consistency of cream; apply plentifully and continuously for a week; then substitute zinc ointment, doubly benzoated. The sexual appetite may in the meantime be held in restraint by full doses of calcium sulphide if otherwise indicated; or by salicin a grain every hour in a tonic is also needed. More precise indications may be revealed by study of the case.—Ed.

Query 4072:—"Vomiting of Pregnancy." My wife is about five months pregnant. Everything she eats or drinks comes back as soon almost as swallowed. She complains of a burning sensation in throat and stomach. She is growing very weak and I need a little help. Please advise.

W. E. S., Florida.

This troublesome malady may depend upon constipation and autotoxemia, defective renal elimination, irritability of the uterus which is impatient with its

The source and purity of the original plant render doubtful the absolute composition of any strophanthus preparation used.—Porter.

In every instance in which I have administered or recommended strophanthus the patient has died.—W. H. Porter, *Post-Graduate.*

unaccustomed load, fissures of the os uteri, displacement, accompanying rectal affections, and sometimes we believe on pure and unadulterated cussedness—congenital or acquired. Many remedies have acquired repute whose action is purely suggestive; but some relieve whichever of the above named or other conditions may be present, while others like cerium oxalate and potassium iodide directly subdue gastric irritability. Tincture of iodine applied to the fissures has cured; the compound manganese tablet of the list is quite effective, as is cerium oxalate, gr. 1-6 every ten minutes till effect. Little chance of success is to be expected unless the case is studied and the exact cause ascertained.

She should have brought to her *in bed* a cup of *hot* weak tea (or coffee) or, if she prefers it, malted milk; though the latter is usually best after the irritation has been subdued. This she will drink *without raising herself* upright or moving more than is essential. Then she will rest perfectly quiet for half an hour then take bismuth subnit., gr. 2; cerium oxalate, gr. 1; cocaine, gr. 1-12. A light breakfast may follow in half an hour. After food give her papayotin, gr. 1-6, and piperin, one granule. The same treatment will follow during the day. The morning hot drink and quiet is most essential. Have your wife wear a snugly-fitting abdominal supporter—the Empire is excellent—and for a few days give her a granule of viburnin ever two hours. Do not forget that a warm enema at night is helpful in these cases. —Ed.

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Query 4073: —"Treatment of La Grippe." I wish you would give me a good prescription for la grippe as I am having a time with it in my practice just now.

O. C., Arkansas.

The indications in influenza are, to combat the infective element, sustain the failing strength, and obviate the distressing symptoms, which vary exceedingly in various forms and cases of the malady. For the first indication we rely upon calcium sulphide of which gr. 1-6 to 1-2 should be given every hour until saturation; then less frequently to sustain this effect for a week. Meanwhile we must as in all febrile maladies empty the bowels by suitable cholagogues and salines, and disinfect the alimentary canal with a sufficiency of sulphocarbolates. This indirectly meets the second indication, which is directly met by giving strychnine gr. 1-134 of the valerianate or any other salt, every hour or two. In this affection the irritability is soon exhausted and we are apt to get over-effects from quite small doses if we do not carefully watch the effects. For this reason brucine is preferable in many instances to its more powerful brother. We would suggest that among the other bitter tonics may be found agents better than either, and cornin, berberine, thebaine and several others appear to merit a trial. The symptomatic treatment can only be hinted at, as no disease manifests a greater variety in its course. The fever gives way to aconitine or gelseminine, guarding the heart with digitalin; headache and backache are amenable to persuasion by macrotin; nickel bromide or camphor monobromide; atropine valerianate meets many ails and acute manifestations; agaricin stops sweating; caffeine valerianate quiets

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The power of strengthening the heart does not necessarily involve that of increasing the arterial tension.

The question of improving the circulation is far more complicated than is thought by people who only know "digitalis."

nervous excitement and apprehension; quinine hydroferrocyanide relieves neuralgic pains; emetine, codeine and cubebin with sanguinarine meet most coughs; while such mild nervines as cypripedin and scutellarin find a useful field in the nervous unrest and minor pains. All remedies require to be administered in very small doses, frequently repeated, till the exact desirable effect has been secured, as the danger of over dosage is great.

We briefly give you an outline of another method of treatment which proves promptly efficacious. First of all empty the intestinal tract: blue mass and soda one grain, or calomel gr. 1-6, podophyllin, 1-6 and leptandrin, 1-6, every thirty minutes for six doses; two hours after the last dose a saline draught. Quinine arsenate (or hydroferrocyanide) two granules, calx iodata one tablet, defervescent compound, one granule every hour or two for four doses, then every three or four hours. Cactin gr. 1-134, may be added to every other dose if the heart action is at all weak and, every four hours after the bowels have been emptied, give ten grains of the sulphocarbolates with at least four ounces of water, crushing the tablet before swallowing. The stools will become first black then brown and odorless. Nuclein may be given ten minims morning and night, hypodermically or dropped under the tongue and absorbed from the buccal mucosa. This is an excellent treatment and can be modified to suit any case. Occasionally we give pilocarpine, enough to bring on profuse sweating and keep the patient in a moist, even temperature. If muscular and joint pains are pronounced, push bryonin and macrotin till relief. Always wash out the nose and throat with an alkaline antiseptic and have the patient inhale eucalyptolized steam. It is also well to wash out the bowel with a high alkaline antiseptic enema. Do not forget the necessity for tonic treatment during and after the acute symptoms have passed. Two of the triple arsenates with nuclein after each meal with euonymin one, and juglandin one before eating, will prove effective during convalescence.—Ed.

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Query 4974:—"Chronic Bronchitis." A lady aged 63 took down with cough in November; in December I was called. Cough harsh and dry with shortening breath. I can think of nothing else than asthma. The temperature for part of the time was up to 101° F. but only for a short time and fell below subnormal today, 95.5° F. I could get nothing to break up that dry, harsh cough. I finally turned to calx iodata. I gave gr. 1-3 every thirty minutes for a few doses and then every hour, and I had the joy of seeing the cough break up and become loose. The cough is nearly gone, appetite improving, but a subnormal temperature bothers me. I am giving 1-30 gr. strychnine every 3 hours, and one granule cardiac tonic every hour. I believe I owe the patient's life to the calcium iodized; but it does not relieve entirely the asthmatic condition.

I called counsel and when he found what I was giving he made no suggestions.

J. N. E., Minnesota.

You are dealing with the dry form of chronic bronchitis. Add to the calx iodata, lobelin, gr. 1-12 every two to four hours, enough to stimulate a freer flow of respiratory mucus. Follow after a week or two with cubebin, five granules every three hours, for three weeks. Keep the bowels free and aseptic, for autotoxe-

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Patients suffering from Friedreich's ataxia are more susceptible to colds and pulmonary affections than are others.—Sinkler, *N. Y. M. J.*

Friedreich's ataxia: Nerve tonic should be used and the prolonged use of arsenic in moderate doses may be beneficial.—Sinkler.

mia is the main cause of the continuance of catarrhs. Since calx iodata has given relief you should obtain benefit from the use of euarol (europhen and aristol in oily solution) with an oil atomizer, applied twice a day and drawn well down into the lung. The low temperature is due to deficient tissue metabolism, and this may be increased by gold, an eligible form being the nervine tablet, containing gold, arsenic and nickel bromides with strychnine valerianate. One of these four times a day should prove beneficial. The diet should be highly nutritious and digestible, avoiding spices and condiments. This is a case in which a good dark-brown cod-liver oil would be excellent after the patient had learned to take it without distaste. Florida would be the ideal climate for this patient—warm and moist; and the seashore in summer.—Ed.

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Query 4975:—"Gallstones." A lady aged 56, has been operated for gallstones, over 150 being removed. The distress has returned and she is averse to undergoing an expensive, dangerous and unsatisfactory operation if due relief can be obtained from drug treatment.

J. R. G., New York.

About twenty-five years ago our attention was called to sodium succinate as a remedy for gallstones. We then began administering this drug in doses of five grains before meals and at bedtime, continuing its administration for the period of one year. During this time the paroxysms of colic became less severe and less frequent, finally ceasing altogether, long before the expiration of the year. In brief, this has been our experience in every case of this sort coming under our care during a rather extensive practice for that period. Probably, as our friend Ferguson suggests, we were mistaken in our diagnosis, and none of our patients really had gallstones. But one case may perhaps serve as an example: About six years ago a prominent surgeon diagnosed gallstones in the case of the wife of one of our colleagues, who came to us in great distress, saying that the surgeons held out no hope of his wife's leaving the operating table alive, and asking if something could not be done. We suggested that, under the circumstances, there could be no harm in trying our treatment, with the result that we see his wife about, perfectly well and sound, looking younger and handsomer by ten years than she did six years ago, without a single attack of colic after the first six months during which she was under treatment. We value too highly the diagnostic ability of this great surgeon to doubt it in this case.

Some years ago boldine was investigated in France, and recommended so highly as a remedy in these cases that we added it to the sodium succinate, on the old "shotgun" principle, on which, after all, we must fall back in many instances where our knowledge of pathology and therapeutics is limited. We really cannot see that the results have been any better; possibly the relief comes more quickly. Of this remedy we have given 1-67 grain with each dose of sodium succinate. In the paroxysms we have relied upon what we sometimes call the nervous triad here, consisting of hyoscyamine gr. 1-250, glonoin same dose, and strychnine arsenate gr. 1-134. The first is the most powerful means of relaxing the spasm of the gall-ducts, which

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Brodhead makes a strong appeal for more careful examination of women during the month following confinement.—*N. Y. M. J.*

Recreation, being created anew, is one of the vitally important requirements of modern life. —McCaskey, *N. Y. M. J.*

causes the obstruction to the passage of the calculus; the second produces relaxation more quickly and by dilating the blood-vessels possibly allows quicker ingress for the hyoscyamine; strychnine on the theory that all spasm is indicative of lack of nervous control, and medium doses check spasm by aiding in the restoration of such control; arsenic because all infections of the gall-bladder are connected with and depend upon similar infections of the duodenum, which arsenic directly combats. These agents are given together in the above doses, dissolved in an ounce of hot water, and repeated every ten minutes until relief is obtained.

If relief is marked, yet not perfect, a mere whiff of chloroform should render it complete.

So sure is the action of these remedies that we take it as an indication, if relief does not follow their use, that a condition exists which demands surgical intervention. We have had no such case personally, but do not measure the whole field by our small personal experiences. This, Doctor, is in brief the outline of our treatment; as to diet and hygiene you need no suggestions.—Ed.

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Query 4976:—"Hemicrania Due to Non-Elimination." I have been subject to headache most as far back as I can remember; that is, I would have occasional attacks of headache, and during the past year I have been suffering quite a good deal with it. At the present time I'm having rather continuous headache with more or less indigestion. I examined some of my urine this a. m. and found the specific gravity 1034, no albumin, no sugar. The quantity is scant. I passed only about four ounces this morning and I am quite sure eight or ten ounces in the twenty-four hours will cover the entire quantity.

L. H. G., Texas.

The headache is autotoxemic, depending on indigestion and defective elimination. Regulate your diet and exercise, clear the bowels by a morning saline and an evening cholagogue if needed; take boldine a granule every three hours, each with half a glass of water, to increase the formation of urea and renal elimination; and a dose of the bile acids two hours after each meal to institute the digestive processes carried on by the liver. This is all we are warranted in suggesting from the data given; you should have full tests made as to the urine, repeated weekly; and continue decreasing food and increasing exercise till the need meets the supply.—Ed.

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Query 4977:—"Nephritis." B. P., age 9 years, female. History of some trouble with kidneys for few years (slight). Otherwise in fine health till about Aug. 25, 1905, when taken with acute articular rheumatism. I saw her first about Nov. 1. Find no joint deposit. No fever now for some weeks. Liver torpid, acute pain, mostly at night, over cardiac region and also in neck Find some cardiac murmur. Pulse regular, 120 to 130. Up till the last few days missed a beat or two in a minute. Now that has stopped. Pale, waxy color. Appetite fair, also digestion. Family history good. Please report and give advice as to treatment.

J. O. B., Texas.

The report of our pathologist has gone forward and you will note that the case presents marked evidences of renal disease. Granular casts and leucocytes with the clinical symptoms you describe would point to nephritis. These cases in children usually prove unsatisfactory. The

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Gonorrheal "rheumatism" is apt to affect the smaller articulations—jaw, thumb, big toe, sterno-clavicle.—Ware, *N. Y. M. J.*

How can men like Ware presume to write of gonorrheal rheumatism and ignore the treatment by the sulphides!

"rheumatic complication" with cardiac involvement makes the prognosis *poor*. The absence of albumin in this specimen should cause a careful examination of several specimens taken at intervals of a few days as there may be cyclic albuminuria. You do not give enough clinical data to enable us to tell whether there has been a true polyarthritis with pericarditis—but this is probable. The treatment here we would consider should be eliminative and supportive. In the first place boldine, gr. 1-67; arbutin, gr. 1-3, every four hours with a free draught of water. Cactin, gr. 1-67; juglandin, gr. 1-6; prior to meals and three sulphur comp. granules after food will comprise the first course of medication. Fresh beef juice, bovinine or similar concentrated nutrients, t. i. d. Twice weekly the wet pack and free enemata of warm normal saline solution. Fruit and vegetables freely. After two weeks have another specimen of urine examined.—Ed.

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Query 4978:—"Hookworm." Would you kindly give me a description of what is called the "Hookworm"?

W. J. F., Michigan.

Uncinaria Americana, "hookworm" is, to the naked eye, very similar to the oxyuris, the total length of the female varying from ten to eighteen mm; the male is slightly more than one-half this length. The head and neck taper as also does the tail of the female worm, terminating in a slightly rounded point. Under the microscope the head and tail of uncinaria differ radically from those of the oxyuris. The tail of a male parasite displays several hairs and three lobed bursæ. The mouth is also characteristic, the uterus of the female is readily outlined with a two-thirds objective and under a higher power, one-sixth, is seen to be filled with ova. There may be no parasites in the feces though uncinaria exists. For a description of these and other parasites of man see *Clinical Diagnosis* (Boston) second edition; W. B. Saunders & Company.—Ed.

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Query 4979:—"Formin." Kindly tell me the uses of formin compound tablet.

V. A. B., Nebraska.

The formula you speak of (formin, Merck, gr. 5; lithium carbonate, gr. 2; sodium benzoate, gr. 5) may be exhibited in any case where infection of the bladder, urethra or even the kidney is suspected. It is a urinary antiseptic of considerable efficacy and may be termed one of the certainties in medicine. Formin liberates formaldehyde slowly but in considerable amount, thus affecting favorably the entire urinary tract from the glomeruli to the meatus. The action of lithium carbonate and sodium benzoate is too well understood to require comment but we might call attention to the necessity for the use of these agents in nearly all infections of the urinary apparatus; alone they serve a limited purpose but with formin to destroy bacteria and prevent fermentation and spore production they rapidly bring about normal conditions. In some few cases ammonium benzoate may be given first to produce acidity of urine. Pyelitis, pyelonephrosis, cystitis, prostatitis, urethritis, (gonorrheal and non-specific) all may be benefited by this formula. Formin has been most highly recommended as an excellent remedy in typhoid fever—destroying the bacilli always present in the urine, thus preventing any spread of the

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Men who treat pruritus ani seem unanimous in ignoring the irritating qualities of the discharges causing it.

For psoriasis with gastrointestinal catarrh Shoemaker gives arsenic, strychnine, HCl and pepsin.—*Med. Bulletin.*

disease; moreover the patient is benefited markedly by it. If given with at least half a pint of thin barley water every three hours, foul pus-laden urine will clear up in forty-eight hours, and the inflamed, engorged mucosa will cease to protest. Arbutin is an excellent alternant in most cases. Whether formin equals the latter for long continued administration has yet to be shown.—Ed.

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Query 4980:—"Formula For an Inhalant." To be vaporized and inhaled: Olive oil, 1-2 pint; eucalyptus, 10 minims; Gaultheria, 10 minims; wild indigo, fl. ext. 20 minims; thymol, 10 gr. Mix.

I have used this formula with a vaporizer three times a day for several minutes at a time with fair results in bronchitis and tuberculosis. Is the preparation harmless and is the olive oil the best base to use? Do you know of anything better?

D. F. MacD., Massachusetts.

The formula looks like a pretty good one. I am uncertain as to the value of the wild indigo. None of the active principles of baptisia is known to exert any local action. If you wish the effect of this remedy it seems better to administer it internally, pushing the doses until you get that from it you desire, rather than trust to the exceedingly doubtful absorption of an exceedingly doubtful proportion of a preparation of exceedingly doubtful strength from a fixed oil, applied to the mucous membrane. This oil is also objectionable in that it is liable to become rancid. We prefer a pure fluid petrolatum (which forms the basis of euarol) because it is not altered by any chemical agent and never becomes rancid. However, it is absolutely necessary that the petrolatum should be free from any of the acid employed in its manufacture.—Ed.

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Query 4981 :—"Perversity?" The granules are, on an average, about one-fifth of the standard strength of the regular profession. When a man insists on my eating one-fifth as much as is customary among Americans, and keep my bodily strength, I would as soon believe him as you! I cannot in any reason comprehend; so it is useless for you to expend such thin, starving, argument on me!

W. B. R., Florida.

Presumably our correspondent means that the granules, such as morphine, gr. 1-67, are about one-fifth the average dose to an adult employed by physicians. Our old readers will please bear with us while we again explain this simple but important matter: This average dose is far too small for some cases, far too large for others. It is merely an approximation to the proper dose, which is always and eternally the quanity that will produce the desired effect. Suppose we are to give morphine for pain; we give the granule, gr. 1-67, dissolved in hot water, for quick effect, and repeat it every five to fifteen minutes till we have secured exactly the degree of relief we desire—then stop the medicine. But one dose may be required, or maybe ten doses—we give exactly enough—no more, no less. Our friend may give his gr. 1-12 and get narcotism—we've done it ourselves; or he may get no effect and he repeats and doubles the dose; then repeats and doubles again; and finally he has given perhaps a grain before he has secured relief. Our way is safer and more effective. If we find we are getting evidences of narcotism and relief has not been secured, we know we are making a mistake and morphine is not

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What a lot a man misses who does not distinguish between emetine and cephaeline but gives both in ipecac.

What a light dawns on the man who knows hyoscine from hyoscyamine instead of giving the mixture in hyoscyamus.

the true remedy. Perhaps it is a testicle that has swelled under the straps and will die if not relieved of the constriction; or it is an impacted gallstone that imperatively demands surgical intervention. The occurrence of any evidence of toxic action indicates the time to quit the remedy. If there is any other manner by which the exact dose needed may be given, with neither excess nor deficiency, we would be glad to know of it.

This may not strike you as important, but we who use exact remedies with exact expectations as to the effects to be obtained are rather particular about our drugs.—Ed.

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Query 4982:—"Appendicitis." As I have had a pretty bad case of appendicitis to treat, I wish you would give your alkaloidal treatment. He is up all right now but I want to know if there is any treatment to keep it from occurring again soon. He is about thirty-five years of age, and of good moral character. Don't drink to amount to anything, and was never bothered until about six months ago.

A. G. R., Texas.

If, as we understand, the case has now convalesced, we would suggest that you give olive oil in ounce doses twice daily morning and night, using high enemas once or twice a week to wash out the bowel, and exhibit before each meal berberine, one granule, juglandin, one, and strychnine arsenate gr. 1-67. A saline may be given every other day, a teaspoonful in a glass of hot water before breakfast. Over the appendicular region rub in a piece of ung. Credé (colcoidal silver) the size of a hickorynut. The patient should rub this in with his own fingers, otherwise the doctor will absorb about as much as the patient.

Olive oil is a lubricant; this with the enemas and saline are intended to prevent impaction of feces, and to keep the stools soft and moving along. Berberine is a specific contracter of relaxed connective tissues, and is designed to restore tonicity to this tisue in the bowel. Juglandin stimulates the secretion of healthy, normal digestive fluids. Strychnine gives tone to the bowel and incites peristalsis, while arsenic in small doses is a useful intestinal antiseptic. Looking on appendicitis as due to infection it would be well to add to the foregoing a full dosage of the sulphocarbolates—about two scruples daily of the compound tablet, in divided doses. Crede's silver is an efficient means of combating general and local sepsis, and should be useful in removing the local difficulty. Acute attacks may be met with hyoscyamine in full doses to relax intestinal spasm, salines to fluidify feces, and colonic flushing with water as hot as can be borne, the bowel being fully distended. But the operations for appendicitis have been so perfected that we always advise patients to submit to them, in the intervals when there is least evidence of the local trouble. If despite this treatment the affection reappears urge this on the patient.—Ed.

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Query 4983:—"Burdock." On page 15 of the January Journal, a footnote informs us that burdock root brought eight cents a pound, making it a profitable crop. Please advise me where a purchaser can be found if I cultivate this plant?

J. D. U., Louisiana.

If properly gathered, prepared and dried, burdock root should be salable at any wholesale druggist's. Write to I. N. Lyons and Co., N. O.—Ed.

Queer that men persist in giving berberine and hydrastine together in hydrastis instead of using the one needed.

The juice of a lemon immediately relieved poisoning from overdose of male fern taken for tapeworm.—Apolant, *Deutsch Med. Woch.*

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INTRODUCTION.

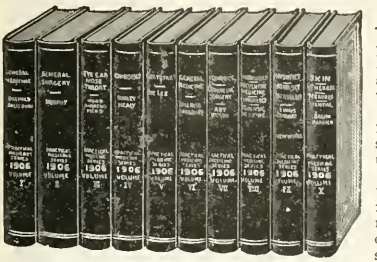
This department is a "filler" yet its material is unpaid and is held as true to fact, though not as carefully to style, as the body of the journal. It is here for several reasons:

1. As a sort of a "free for all" where we can, and you may, say about what you like.

2. To please certain advertisers who still insist on space "opposite reading matter" (as if we could lead the doctor up to an ad with salt), not realizing that CLINIC men are wide awake and read the ads any way, the only essential to "pull" being that they should honestly describe an honest and desirable thing, and have a point to them:

3. To stop the cavorting of the kicker, who, like the man who returned a cheese bought by the pound when he found a hole in it, gets black in the face because we have at times filled this space with body matter of which we have such a surplus and of which we are willing to give you more and yet more from our ever-generous supply. But we don't like the irritation; and, though we have "thrown in the walnuts after the nutmegs were weighed," in the interests of harmony out they go. Hereafter we will fill the space, sell the space, or cut it out at our own pleasure, and if the general reader is disappointed he owes it to the kicker and not to us.

Doctors who have practices for sale or want to purchase new localities will find the Department of Business Opportunities useful for this purpose. Copy must be received by March 10th for the April number.



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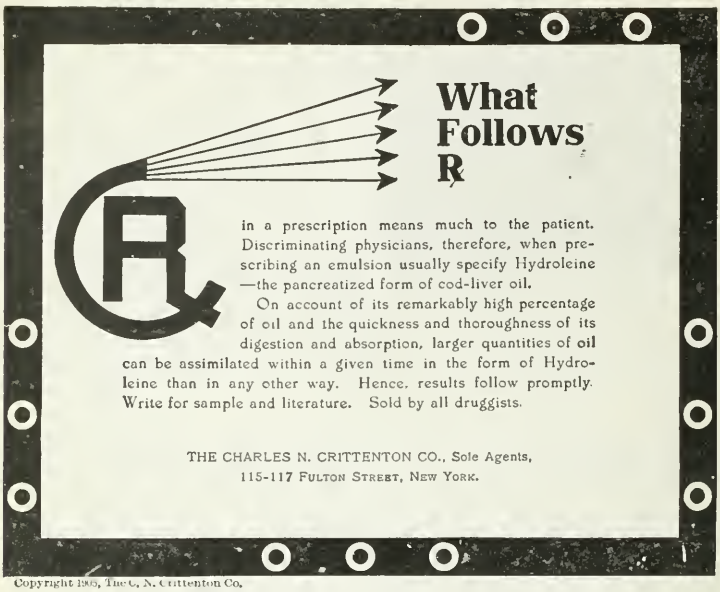
What
Follows
℞
in a prescription means much to the patient. Discriminating physicians, therefore, when prescribing an emulsion usually specify Hydroleine—the pancreatized form of cod-liver oil.
On account of its remarkably high percentage of oil and the quickness and thoroughness of its digestion and absorption, larger quantities of oil can be assimilated within a given time in the form of Hydroleine than in any other way. Hence, results follow promptly. Write for sample and literature. Sold by all druggists.
THE CHARLES N. CRITTENTON CO., Sole Agents,
115-117 Fulton Street, New York.
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PUBLISHERS' DEPARTMENT (Continued)

A SUGGESTION.

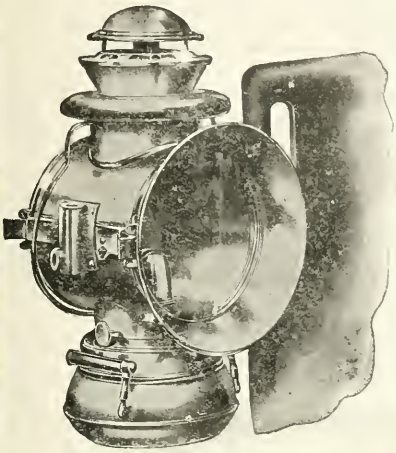
Doctor, look over the medical journals that come to your desk, note the subscription price for the year, whether one, two, three or four dollars, and then compare the number of reading pages they give with those we give you and you will be surprised to find that no other medical journal published, either for one, two, or three dollars per year, or more, gives 145 pages of straight reading matter every month. The majority of one and two-dollar medical journals run from 32 to 92 pages of reading matter, very few more than 60.

The two new departments on "Surgery, Gynecology and Obstetrics" and "Dermatology, Venereal and Sexual Diseases," which were added to the Clinic in January, cover over 30 pages, an average medical journal in itself. One Doctor writes "There is a charm about the Clinic that holds my attention and leads me from one page to another until I find I have consumed the entire journal from cover to cover, not only without effort but with the enjoyment and zest that is not found in wading through the so-called "ultra-scientific" journals in which I find but little of practical value for "every-day use."

We've not a word to say against others—the rather, we would commend—and the only recognition we ask is that which we honestly earn—that to which we are justly entitled.

As to this department, a sort of a hodge-podge though it may seem, we intend it to be helpful in many ways.

READ OUR FREE TRIAL OFFER



HAM'S DIAMOND DRIVING LAMP

Every Doctor needs a first-class Driving Lamp, and so confident are we that our new **Diamond Driving Lamp** will please, we make the following liberal offer: Send us your order, try the **Diamond Lamp** two weeks, and if not entirely satisfactory, return to us at our expense and we will refund your remittance in full.

This lamp is built on the same lines as our "Cold Blast" Automobile Lamps, and

Gives more light than any other oil driving lamp made.

It is wind-proof, will not jar out, is handsome in appearance, and strongly made.

The reflector is finely silver plated, and the lens in the door is a Bausch & Lomb double convex, finely ground and polished, which greatly magnifies the light.

You take no chances whatever in giving the Diamond a trial, and we are sure it will please you.

Steel, enameled, $3.50 each. Steel, nickel-plated, $4.00 each. Brass, polished, $6.00 each. Brass, nickel-plated, $7.00 each. Express prepaid.

Above prices include a dash clamp for attaching to dash (as illustrated) or a seat rod bracket. State which is wanted when ordering.

C. T. Ham Mfg. Co.

Largest Tubular Lantern and Lamp Factory in the World

Rochester - - N. Y.

Sodium salt of the sulphonic acid of a synthetic sulpho oil, containing 10 per cent. sulphur organically combined.

THIGENOL

Roche

The one soluble sulphur compound that is odorless on use. Causes no permanent stains on patients' linen. Powerful antiphlogistic and antipruritic, with decided anodyne and antiseptic actions; non-irritant to the mucosae. Employed in skin diseases, gynecological affections, burns, etc.

Bismuth oxyiodogallate.

AIROL

Roche

The ideal wound antiseptic; fully replaces iodoform, but is odorless and three times as bulky; non-toxic and non-irritant. Can be applied pure, in ointments, paste, or in suspension. Employed in the treatment of wounds, lacerations, ulcers, abcesses, chancroids.

For samples, with Monograph and Formulary, cut out this ad, and mail it, with your name and address, to

The Hoffmann-LaRoche Chemical Works,

51-53 Maiden Lane, New York

A1

UNQUESTIONABLY

a specific selective influence upon the entire respiratory tract is exerted by

GRAY'S Glycerine TONIC Comp.

It overcomes the ever present element of constitutional depression

THE PURDUE FREDERICK CO.,
298 Broadway, New York

PUBLISHERS' DEPARTMENT (Continued)

There is no better journal for the physician's reading table than Collier's Weekly, published in New York City. It's fearless attacks on the Patent Medicine Evil have stirred the entire country and the reflex influence is in favor of the physician.

Collier's, Everybody's and the Ladies Home Journal are good waiting-room reading. If you see a fake dealer busy with one of these—let her or him wait awhile—the reading will do them good.

A MAIL ORDER SPECIAL.

Business men and those interested in any kind of mail order advertising, should read the December number of *Judicious Advertising*, Chicago.

This was a mail order special and contains articles by authorities well known in the advertising field, giving much practical information concerning mail-order methods.

One article in particular is of universal interest, treating the much mooted question of "Position" and written by no less an authority than Charles Austin Bates.

The Pullen-Richardson Chemical Co. of St. Louis advise that samples of their preparations advertised on page 60 will be sent on payment of express charges.

MUNSEY'S.

"No more advertising contracts for whisky, beer or wine, and no more objectionable medical advertising or objectionable anything, in fact, will be accepted for *Munsey's Magazine.*"

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1504-126 STATE STREET - - CHICAGO

THE STORK JURY'S VERDICT
We the Jury Find that
HIGHLAND BRAND
EVAPORATED CREAM
Is simply high quality cow's milk, its bulk reduced two and one-half times, and sterilized. That for
INFANT FEEDING
It is much superior to ordinary cow's milk, the casein is more easily digested, the quality is uniform, and it is germ free.
Helvetia Milk Condensing Co.
HIGHLAND, ILL.
SAMPLES ON REQUEST.

Gastric Irritability

In inflammatory, ulcerated and disturbed conditions in general of the gastric membrane, Physicians will find

Burnham's Clam Bouillon

(Absolutely free from any Preservative)

an acceptable and soothing nutriment. It gives the greatest amount of food energy with the least labor for the digestive organs. The rapidity with which it is absorbed gives the stomach walls a longer period of rest than can be secured through the use of ordinary nutrient agents.

It has been known and prescribed for years by many prominent Physicians. It presents an appetizing appearance and a tempting odor. It is a decided change from the ordinary delicacies for the sick room. The juice of the clam is strengthening in its effect, both to the stomach and the nervous system. It is bottled in glass, and sold in pints and half pints. This assures not only cleanliness and convenience in the serving, but perfect purity and freshness while using in the sick room. All the leading apothecaries and grocers sell it.

Manufacturers and Packers

E. S. Burnham Co. 53-61 Gansevoort St., New York

PUBLISHERS' DEPARTMENT (Continued)

THE PERFECT MAP OF THE WEST.

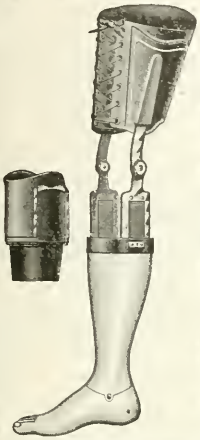
A new edition roller map, 60 by 40 inches in size, showing the United States from the Great Lakes to the Pacific Coast. All railroads are shown in different colors and characters. The most complete reference map of the West ever published.

Copies sent free for 25 cents (stamps will do) to pay transporation, etc. Address, P. S. Eustis, Passenger Traffic Manager, 209 Adams St., Chicago, Ill.

AN IMPORTANT DECISION.

Ichthyol Trademark.—The Federal Tribunal of Lausanne, Switzerland, recently gave its decision in an appeal against the decision of the Court of Appeal of Berne in the action brought by the Ichthyol Co., Hamburg, proprietors of the trademark "Ichthyol," marketed in the United States by Merck and Co., of New York, to prohibit Luedy & Co., Burgdorf, from infringing the trademark. The Lausanne Court rejected the defendants' appeal and confirmed the former judgment, which ordered that the defendant firm should no longer use for their products names containing in any way the characteristic word "Ichthyol." It was proved that the trademark "Ichthyol" is the legitimate property of the Ichthyol Co., and that only this company is able to supply the sulphur preparation known under the name "Ichthyol." The defendants had pretended to supply the same preparation as supplied by the Ichthyol Co., but the Court stated that their product differed essentially in composition from the genuine article.—*Chemist and Druggist.*

ARTIFICIAL LEGS



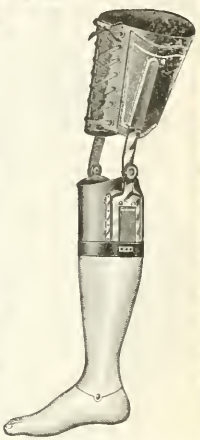
Slip Socket Removed

E. H. ERICKSON
ARTIFICIAL LIMB CO.

MINNEAPOLIS, MINN.
U. S. A.

Latest Improved
Slip Socket Legs

Send for
"AFTER-AMPUTATION"
Booklet for free Distribution



Slip Socket in Place

27,000 PHYSICIANS

during 1905 received a full size bottle of

ECHITONE

upon their request, express prepaid

For chronic constitutional eczematous conditions
For all cellular inflammations
For old ulcers, furuncles and carbuncles
For all purulent conditions caused by a depraved condition of the body fluids

Formula, literature and full size bottle, express prepaid, upon request of physician.

Payson, Utah.

Strong, Cobb & Co., Cleveland, O.

. . . . . The bottle of Echitone was given to a smallpox patient and was pleasing to both patient and myself to see how rapidly the pustules disappeared. I believe it an excellent formula for all purulent conditions.

Respectfully yours,

. . . . . M. D.

Strong, Cobb & Company
Cleveland, Ohio
Established 1833

ANTIDOLORIN NARCOSIS

Price complete outfit
including 60 gr. tube of ANTIDOLORIN sufficient for at least 12 anaesthesias.
$10.00.

Devised by MAURICE GREEN, D. D. S., of New York City

Pat. applied for.
NO VALVES, NO SCREWS, SIMPLICITY.

PUREST ETHYL CHLORID

Excels Nitrous Oxide in Every Respect

An Ideal Anaesthetic Preliminary to Chloroform or Ether.

ABSOLUTE SAFETY	LENGTH OF NARCOSIS
RAPIDITY OF RECOVERY	NO AFTER EFFECTS
EASE OF ADMINISTRATION	NO CYANOSIS
LESS HEMORRHAGE	WEIGHT 25 OUNCES

Saves fully 50 per cent. per administration at 1-10 the cost of apparatus.

DAVID B. LEVY

Sole Agent for the United States
90-92 West Broadway, New York

IMPORTANT NOTICE

"Pure Ethyl Chlorid must not be confounded with similar anaesthetics sold under Proprietary names, which, although containing a percentage of Ethyl Chlorid, are compounded with drugs which are admitted to be unsafe, and deaths ascribed to their use have already been reported."

We offer to refund your money after a 30 days' trial, if the inhaler does not prove ALL that is claimed for it.

In ordering always specify "ANTIDOLORIN FOR NARCOSIS" as this requires a different style of container than used for local anaesthesia.
Sizes: 30, 60 and 100 gramme.

PUBLISHERS' DEPARTMENT (Continued)

ALCOHOL IN "PATENT MEDICINES."

A bill relating to alcohol in patent medicines has been introduced in the Massachusetts legisature. Last year a similar bill was defeated in the state senate. This year's bill (House No. 231) accompanying the petition of Representative W. Rodman Peabody for legislation to require that the percentage of alcohol in patent or proprietary medicines or foods shall be stated on bottles or packages thereof, provides that "on every package, bottle or other receptacle holding any proprietary or patent medicine, or any proprietary or patent food preparation, which contains alcohol to an amount exceeding 3 per cent by volume thereof, there shall be marked or inscribed a statement of the percentage of alcohol by volume contained therein; and that whoever manufactures, sells or offers for sale any medicine or food preparation in violation of the provisions of this act shall be punished by a fine of not less than five nor more than one hundred dollars."—*J. A. M. A.*

TO SUPERVISE NOSTRUMS IN BRITISH COLUMBIA.

The *British and Colonial Druggist* states that the provincial government has appointed a commission to investigate the sale of patent medicines containing harmful ingredients, with a view to legislation to protect consumers against the evil consequences of using these remedies. The step is the outcome of the recent death of an infant, which was poisoned by laudanum contained in a patent medicine.—*J. A. M. A.*

Doctor, Do You Dispense Your Own Medicine?

If so, this advertisement will interest you. We manufacture a full line of STANDARD PHARMACEUTICAL PREPARATIONS, besides many medicinal specialties of rare merit, which we are now selling at greatly reduced prices. . . . . .

Reduction on Original Specialties 20 per cent., and 40 per cent. on Fluid Extracts, Elixirs and Tablets.

How can we do this

We have dispensed with traveling salesmen! We sell for cash only! The amount saved by our change in method of doing business we give to our customers.

N. B. All goods of our manufacture *guaranteed*. If not as represented, return at our expense.

Send for our Cash Mail Order Price List, and examine prices. A postal card brings it.

The Oldest Pharmaceutical House in Chicago Established in 1865

A few of the goods we manufacture

COMPRESSED LOZENGES
RESINOIDS
COMPRESSED TABLETS
ELIXIRS MEDICINAL WINES
FLUID EXTRACTS
MALT PREPARATIONS
TABLET TRITURATES
HYPODERMIC TABLETS
MEDICINAL SPECIALTIES
POWDERED EXTRACTS
MEDICINAL SYRUPS
EFFERVESCENT PREPARATIONS, ETC.

CHAS. S. BAKER CO.

77TH ST. & GREENWOOD AVE.
CHICAGO

HOUGHTON'S 5 per cent

Formaldehyde Soap

(LIQUID)

Superior germicide for washing hands and sterilizing field of operation.

A general cleaning agent in the sick room.

Excellent for perspiring feet, eczema, etc.

By means of fountain syringe for women's weaknesses.

Absolute deodorizer.

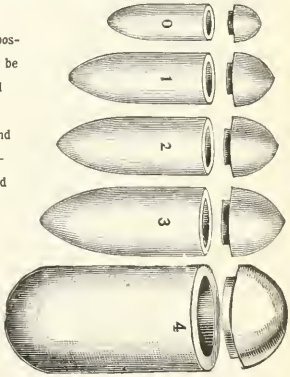
Samples and literature sent on application and mention The American Journal of Clinical Medicine

GIBBS'

Hollow Suppositories

With Conoidal Self-sealing Stoppers
All made from Pure Cocoa Butter Only

These Suppositories may be easily filled with any medicine and are hermetically sealed by the stoppers.



GIBBS & CO., - - - 102-104 Fulton St., New York
SCHIEFFELIN & CO., - - 170 William St., New York

Duotonol Tablets

(Schering's Glycerophos. Lime and Soda)

Quartonol Tablets

(Schering's Glycerophos. Lime, Soda, Quin. and Strych.)

Sextonol Tablets

(Schering's Glycerophos. Lime, Soda, Iron. Mang., Quin. and Strych.)

Readily Assimilated Blood, Nerve and Tissue Nutrients Supplying the Exhausted Cells with Organic Phosphorus

Far perferable to bulky, unstable, expensive elixirs and syrups which contain undesirable ingredients (alcohol, glucose, etc.)

Abstracts of reports by Robin, Bardet, Dercum, Quackenbos, Gay, Jolly, Williams, Harris, Huchard, Davis, and Many others, from

SCHERING & GLATZ

58 Maiden Lane **NEW YORK**

PUBLISHERS' DEPARTMENT (Continued)

"EVERY LITTLE BIT HELPS."

In accordance with the caption of this item we beg pleasure in reproducing herewith for the benefit of our esteemed friend, O'Gorman, the following item. O'Gorman did not send it to us for publication, which, we think, is very unkind—passing us over while nearly every medical journal in the United States has received and published it. Possibly O'Gorman may have formed the erroneous idea that we were not willing to show him such a courtesy; and to convince him once for all of his error, and show him that whenever he was a rounder for the medical journals he should count us in, we append the item in question:

One of the spiciest little journals that comes to the secretary is the *American Medical Journalist*. It contains many very readable articles, and its last issue seems to be chiefly directed against the various transactions of the American Medical Association, especially against the *Journal*. We rather think that there is a great deal of truth in what it has to say, and advise all who wish to know both sides of the question to read it. It is published by D. A. O'Gorman, of New York. [From the *Journal of the South Carolina Medical Association* (published under the direction of the Publication Committee of the South Carolina Medical Association), Charleston, S. C., Sept. 21, 1905.]

By way of a little digestant to help the aforesaid morsel to be properly disposed of, we add the following item clipped from the pages of the *South Carolina Journal*, mentioned in the foregoing:

In the September issue of *The Journal of the South Carolina Medical Association*, appeared an endorsement of the

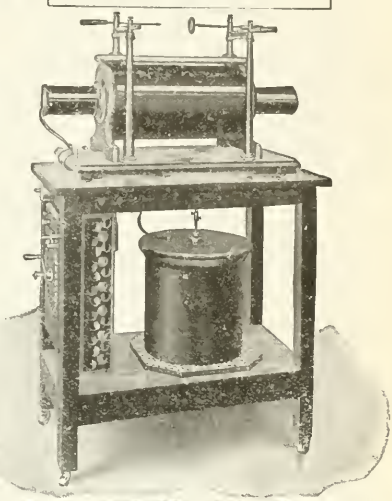
A Big Money-Maker

THE XXX COIL

Do you know, doctor, that a physician who has this equipment to give X-Ray treatment and to make Radiographs, can easily double his practice in a short while? He is sought both by physicians and patients for miles around.

This cut shows our X-Ray Outfits, guaranteed to work satisfactorily and economically on direct or alternating current. In use in two of the large hospitals in Chicago, and by the most noted practitioners. Complete as shown. Ready for service.

12-Inch Spark Outfit, $150.00
15-Inch " " 200.00



If interested send for complete specification. ***We repair and rebuild all makes of coils and build to order.*** Send for our free booklet — all about X-Ray apparatus, by an electrical engineer.

WM. MEYER & CO.
56 Fifth Ave. CHICAGO

NINTH ANNUAL **MEDICAL BOOK** FOR FEW WEEKS ONLY

CLEARING SALE

AT UNPARALLELED LOW PRICES

TEXT BOOKS	CUT TO
Montgomery Gyn., $5	$4.00
Am. Obstetrics, $7	5.00
Thompson Dietetics, $5.50	4.00
Compends, all subjects, $1	.75
Pusey & Caldw., X-Ray, $5	3.75
Anders Pract, $5.50	4.00
Kyle, Nose and Throat, $4	3.00
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Roteh, Pediatrics, cloth, $6.50	3.75
DaCosta, Medical Diag, $7	4.00
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Starr, Children, $7	4.50
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Elnhorn, Intestines, $3	2.00
Hemmeter, Stomach, $6	4.50
Bryant, Opera, 2 vols., $10	8.00
Keen, Amer. Text-book of Surg., $8	4.75
Warren & Gould, 2 vols., $12	7.50
Mathews, Rectum, $5	3.25
Ewald Stomach, $5	3.00
Baiby, Amer. Text-Book on Gynecology, 2d ed., $7	4.00
Keating & Coe, Gynecology, $7	4.00

TEXT BOOKS	CUT TO
Garrigue, Gynecology, $4.50	$2.50
Hart & Barbour, $7	3.00
Rohe, Hygiene, $3	2.00
Parkes, Public Health, $3	2.00
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Dana, Nerv. Dis., $3.50	2.75
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ditto, late edition, $6	4.75
Tyson, Pract. of Med., $5.50	4.00
Holt, Child., $6	4.00
Musser, Diag., $6	4.50
Butler, Diag., $6.50	5.00

REFERENCE BOOKS	CUT TO
McClelland, Reg. Anat., 2 vols., $15	$10.00
Dennis, Sur., 4 vols., $24	16.00
20th Century Practice, 20 vols., $100	45.00
Loomis & Thompson Sys., 4 vols., $24	12.00
Deaver, Anat., 3 vols., $30	22.00
Sajous Cyclopedia, 6 vols., $30	15.00

REFERENCE HANDBOOKS MEDICAL SCIENCE,	
8 vols., $64	$12.00
ditto, 2d edition, last, $64	45.00
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Pepper, Medicine, 5 vols., $30	9.00
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Hare, System Ther., 3 vols., $15	7.00
Hare, System Ther., latest, $15	12.00
Morrow, in 3 vols., G. U. Venereal and Skin, cloth, $12.50	10.00
Progressive Med., cloth, 4 vols., $12.00	4.00
Kelly, Gynecology, 2 vols., $17 set	12.00
Tillman, Surg., 3 vols., $15 set	9.00
Carpenter, Cyclopedia of Obstetrics and Gynecol., 12 vols., cloth, $36	7.00
Hirst & Mann, System of Gynecology and Obstetrics, 2 vols., $20	8.00
Quain, Dict. of Med., 2 vols., $12	7.00
Foster, Prac. Ther., $12	4.00
Allchin, Practice, 5 vols., $10	7.00
Foster, Encyclopedic Medical Dictionary, 4 vols., sheep, $18 set	12.00
Bosworth, Nose and T., 3 vols., $12	6.00
Zeigler, Special Path., 2 vols., $8	6.50
Gibson, Practice, 2 vols., $8 set	5.00
Eichhorst, Pract., 2 volumes	4.00
Int. School of Correspondence course in Electro-Thera., 6 handsome volumes, half m., $30	17.00
Norris & Oliver, Eye, 4 volumes, $24	18.00
Holmes, Surg., 3 vols., half r., $21	8.00
Gross, Surg., 2 vols., $12	4.00

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2623 Olive St. St. Louis, Mo.

BUSINESS OPPORTUNITIES

Physicians who desire to buy, sell or exchange locations, practice, property, apparatus, books, furniture, etc., or who desire to secure positions, assistantships or help, should use these columns.

Rates: $1.00 for 25 words or less, additional words, 4 cents each. Remittance must accompany order.

The words, "Wanted," "For Sale," etc., also the address and street number must be counted in determining number of words. No advertisement inserted for less than $1.00. In answering advertisements have your return notice on envelope. Copy must be received by the 10th of the preceding month for the next month's issue.

THE ALKALOIDAL CLINIC ADV. DEPT.,
Ravenswood Station, Chicago.

FOR SALE—UNOPPOSED, GROWING PRACtice (Wisconsin) for price of residence and outfit, $3,000—$1,000 cash required. Must go south for health. Address, "Wisconsin," care THE AMERICAN JOURNAL OF CLINICAL MEDICINE.

FOR SALE—$2,000 PRACTICE IN ONE OF the best locations in Southwest Colorado; mild winters; good reason for selling. Address, Dr. C. A. Newland, Cortez, Colorado.

FOR SALE—MY HOME AND DRUG STORE in small West Texas town, at cost. Will also sell small ranch and cattle. Dr. X., care THE AMERICAN JOURNAL OF CLINICAL MEDICINE.

FOR SALE—$3,500 PRACTICE, 7-ROOM BRICK house, lot 100 and 200 feet on main street of town; good barn, good roads, fine country, in town of 1,800; bargain. Address, Dr. Z., care THE AMERICAN JOURNAL OF CLINICAL MEDICINE.

STATE LAWS GOVERNING MEDICAL PRACtice! Condensed and Revised to November, 1905. Names and addresses of State Board Secretaries; Interstate reciprocity; fees, maps, etc. Price 25c. Arthur J. Cramp, Box 378, Milwaukee, Wisconsin.

FINE OPENING FOR GERMAN OR SWEDISH physician or physician-druggist. Very prosperous portion of Nebraska. Prospects excellent and worth investigating. Anoka National Bank, Anoka, Nebraska.

RESIDENCE, COST SIX THOUSAND AND gingseng garden worth seven thousand. Small village, good country, splendid location for physician. Address, Dr. W., care THE AMERICAN JOURNAL OF CLINICAL MEDICINE.

FOOD IN MOTHERHOOD. BY EPHRAIM Cutter, M. D. Reprint of London 1890 Edition. 25 cents. Box 65, New York City.

FOR SALE—FOUNTAIN PENS AT A BARgain. We find we have in stock about 100 fountain pens (50 plain and 50 with clinical thermometer attachment) which we are willing to let go at a sacrifice as we are no longer listing either pens or thermometers. These are good pens and warranted to give satisfaction or money refunded. Plain fountain pens, medium or fine points, $1.00 each while they last. With reliable clinical thermometer attachment fine, medium or stub point made especially for us, $2.00 each while they last. Order quick or they will be gone. The Abbott Alkaloidal Co., Ravenswood Station, Chicago.

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PUBLISHERS' DEPARTMENT (Continued)

American Medical Journalist which was equivalent to an attack on the policy of the American Medical Association in fighting the patent and proprietary medicine combination. The *American Medical Journalist*, which is evidently published by and in the interest of the manufacturers of proprietary medicines and nostrums, has taken full advantage of its opportunity, and has reprinted this indorsement and circulated it broadcast, making it appear that we have severed our allegiance to the righteous cause championed by the American Medical Association. It is a matter of deepest regret and mortification to the editor that the item referred to should have been allowed a space in the journal by the associate editor during the absence of the former on his summer vacation, and he wishes it clearly and distinctly understood that his policy of antagonism to nostrums and proprietary compounds has not been altered by a hair's breadth. *The Journal of the South Carolina Medical Association* will continue to aid in the great fight, and will always rejoice to give publicity to whatever may help to remove the scales from the eyes of the multitude of physicians who are blindly aiding and abetting the gigantic nostrum fraud which attempts to masquerade in the guise of honesty and truth. We are thoroughly in sympathy with the American Medical Association and will welcome every opportunity to render whatever assistance may be in our power.—December, 1905.

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(INFLAMMATION'S ANTIDOTE)

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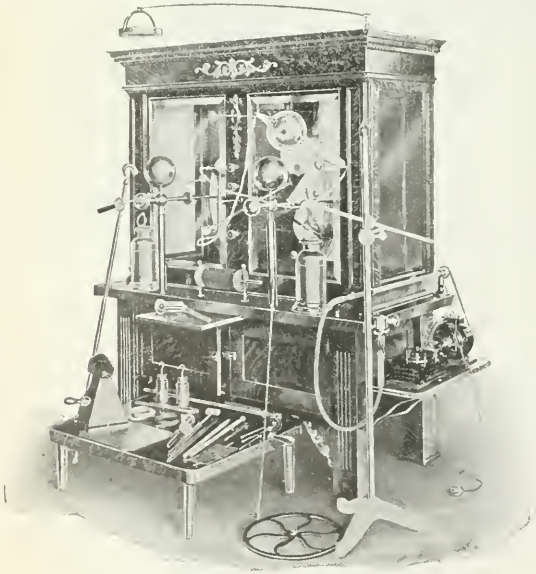

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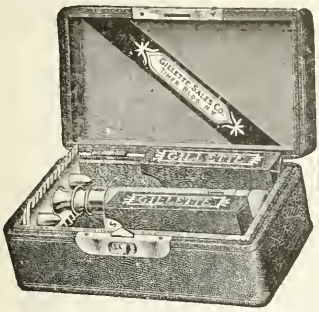

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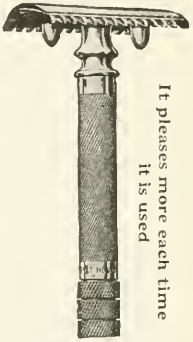

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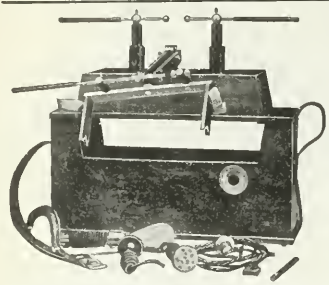

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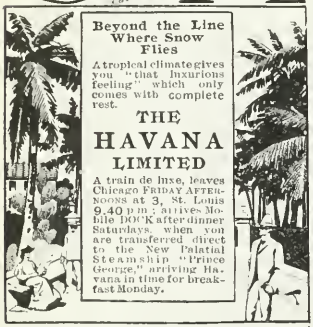

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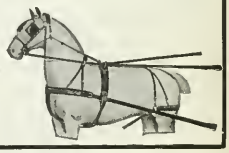

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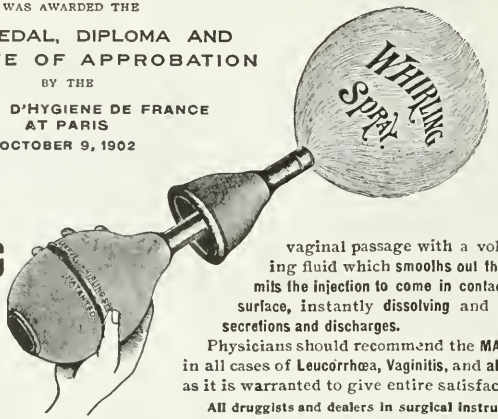

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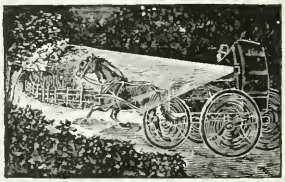

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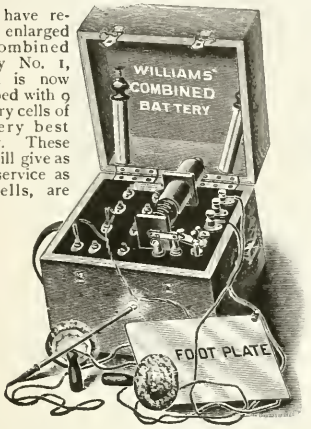

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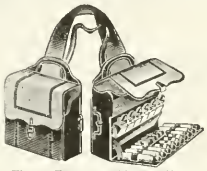

Fig 1 is Fig. 2 in Saddle Bag Form. One side open.

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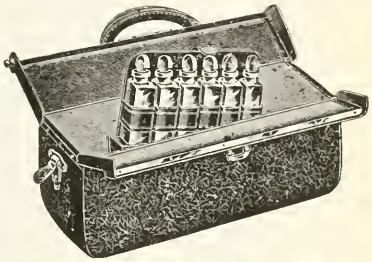

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I hereby make application for ..... (HOW MANY) Guaranteed Participating Co-Operative Bonds, at $20.00 each, ($..... (TOTAL AM'T)), and herewith enclose ($..... (AM'T ENCLOSED)), in full payment therefor.

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NOTE.—Bonds will be issued to begin earning at the quarterly dividend period nearest to that, by months, on which full payment for one or more bonds is made or completed, and will share, during the remainder of the series, pro rata. W. C. A.

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We originated the Syringe Package

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READY FOR INSTANT USE

THE barrel of the syringe contains the Antitoxin. All possibility of infection through an imperfectly-sterilized syringe is eliminated and all uncertainty in the working of the ordinary piston syringe is overcome.

Mulford's serum-syringe is used as indicated in the illustration. The rubber plug not only serves to retain the serum in the barrel of the syringe but also acts as a washer when the plunger is pressed against it to expel the Antitoxin. Rubber is used for making the plug for the same reason that the exacting surgeon uses rubber gloves—to insure absolute asepsis.

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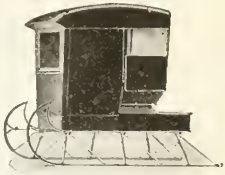

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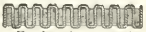
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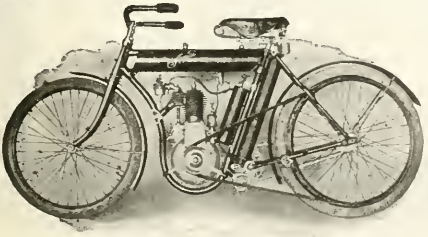

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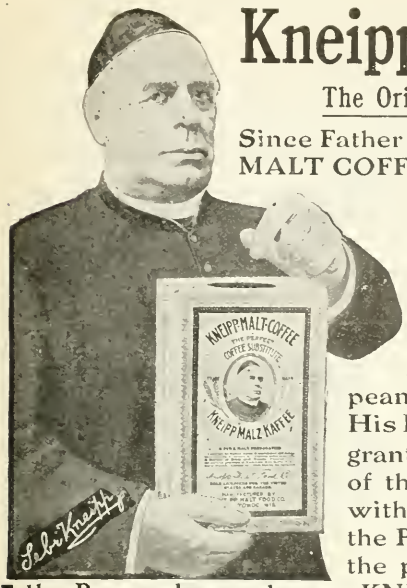

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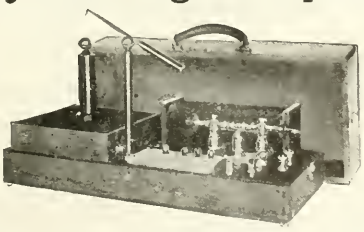

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Why should you plaster the mucosa with bismuth or shrivel and harden it with bitters when you want to aid digestion and absorption.
(Wrong stimulation is always followed by a reaction.)
Wash off the mucosa by drinking pure water the first thing in the morning and then use

PEPTENZYME

(NUCLEO-ENZYMES R. & C.)

which stimulates absorption in nature's own manner at the same time aiding digestion.
Think this over again and then write for literature and samples and prove for yourself that PEPTENZYME differs radically from all other so-called digestives.

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The Medical Summary

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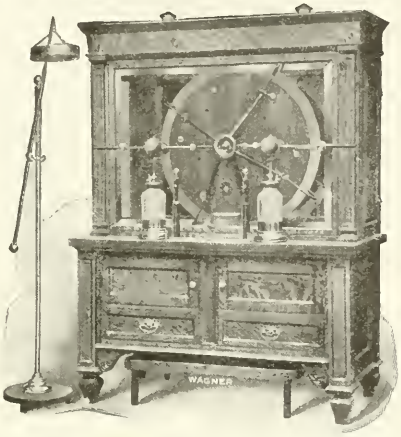

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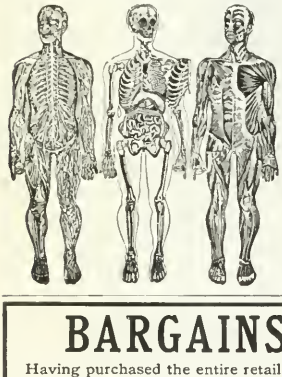

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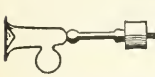

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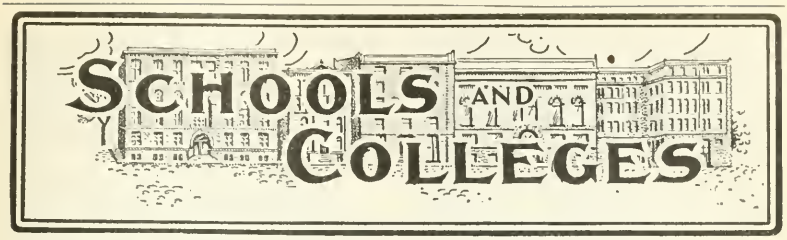

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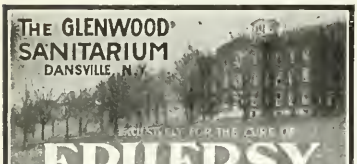

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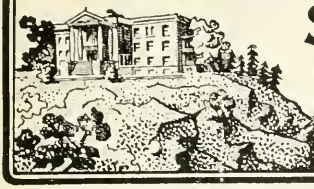

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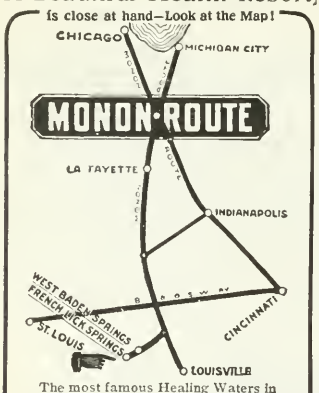

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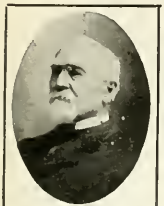

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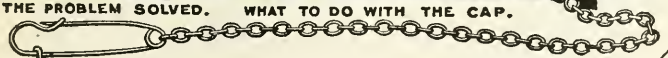

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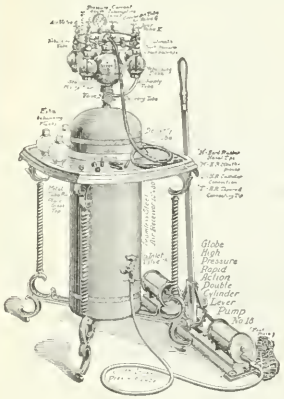

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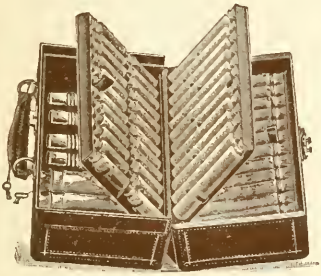

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